

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TENNESSEE  
WESTERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

VS.

JEFFREY W. YOUNG, JR,

Defendant.

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NO. 1:19-cr-10040-JTF-1

TRANSCRIPT OF JURY TRIAL PROCEEDINGS

BEFORE THE

HONORABLE JOHN T. FOWLKES, JR.

March 30, 2023

MORNING SESSION

LASHAWN MARSHALL, RPR  
OFFICIAL COURT REPORTER  
167 N. MAIN STREET - SUITE 242  
MEMPHIS, TENNESSEE 38103

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# W I T N E S S I N D E X

## SPECIAL AGENT DEMARCUS SCALES

### PAGE

CONTINUED DIRECT BY MR. PENNEBAKER	10
CROSS BY MR. DAMAS	78
REDIRECT BY MR. PENNEBAKER	88

## TRICIA AULTMAN, M.D.

### PAGE

DIRECT BY MS. PAYERLE	95
-----------------------	----

	<b>E X H I B I T   I N D E X</b>	
	<b><u>MARKED</u></b>	<b><u>PAGE</u></b>
1		
2		
3	EXHIBIT NO. 80	21
4	EXHIBIT NO. 81	24
5	EXHIBIT NO. 82	26
6	EXHIBIT NO. 83	30
7	EXHIBIT NO. 84	40
8	EXHIBIT NO. 85	46
9	EXHIBIT NO. 86	49
10	EXHIBIT NO. 87	52
11	EXHIBIT NO. 88	57
12	EXHIBIT NO. 89	59
13	EXHIBIT NO. 90	63
14	EXHIBIT NO. 91	68
15	EXHIBIT NO. 92	77
16	EXHIBIT NO. 93	82
17	EXHIBIT NO. 94	84
18	EXHIBIT NO. 95	85
19	EXHIBIT NO. 96	92
20	EXHIBIT NO. 97	92
21		
22		
23		
24		
25		

THURSDAY

MARCH 30, 2023

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**THE COURT:** All right. Good morning, everyone.

**MR. FERGUSON:** Good morning.

**MS. PAYERLE:** Good morning.

**THE COURT:** Mr. Richmond, are all the jurors  
here?

**COURT SECURITY OFFICER:** Yes, sir.

**THE COURT:** Okay. I understand there's a matter  
that, I think, the government wants to take up with me.  
What's the situation?

**MS. PAYERLE:** Yes, Your Honor. We've come to  
you with both a problem and a solution, which I hope  
you'll find acceptable.

**THE COURT:** Solution.

**MS. PAYERLE:** So as the Court will recall  
yesterday, there was significant confusion about the  
video that was ultimately entered into evidence as  
Exhibit 73.

**THE COURT:** Okay.

**MS. PAYERLE:** I think you saw that I had some  
doubts about whether it was the right one. And in the

1 middle of trial, sort of from what we could see at  
2 counsel table, I sort of talked myself out of those  
3 doubts, but they never quite went away. And so last  
4 night, I double checked the original files, only to find  
5 out that the doubts were, in fact, well founded.

6 The video that we entered is actually still good  
7 evidence. It's just that it took place one month later  
8 than the witness testified. It took place in December of  
9 2016. It involved the same witness. It involved Jeffrey  
10 Young. The facts were as we saw them, but it just took  
11 place in December rather than November of 2016.  
12 However, there was a visit in November of 2016.

13 All of that testimony about that visit was  
14 accurate, so the only thing that she needs to -- that we  
15 need to correct is the date of the video that we watched.  
16 And, I believe, on cross, it was elicited that she had  
17 the recollection there were two total visits. This video  
18 having -- she's now -- the witness has now reviewed it.  
19 She understands that there was three total visits. This  
20 was eight years ago. She's worked hundreds of cases  
21 since then. She just had a lapse in memory.

22 So if the Court would permit, the solution that  
23 I've already run by Mr. Ferguson -- and I think he's in  
24 agreement with -- is to enter -- we have the witness  
25 here, so she could come back and testify, be subject to

1 cross, or one possibility is we could enter into a  
2 stipulation, which I can hand up to the Court to read.

3 **THE COURT:** Yeah, I'd like to take a look at it,  
4 please.

5 **MS. PAYERLE:** Okay.

6 **THE COURT:** You're in agreement with this,  
7 Mr. Ferguson?

8 **MR. FERGUSON:** I am. It makes perfect sense to  
9 fix it this way. It's not necessarily material, but it  
10 helps the jury understand the cross-examination.

11 **THE COURT:** Couple things. First, how do you  
12 propose that we communicate the stipulation to the jury?  
13 Pass all three possibilities; I've read them. Sometimes  
14 the lawyers want me to read them; I don't have any  
15 problem with that. Sometimes the government; sometimes  
16 defense will. Makes no difference to me.

17 **MS. PAYERLE:** Judge, if you'd like to read it  
18 or -- of course, I'm happy to. I own that it was my  
19 mistake, so I'm happy to sort of own up to it. Or if the  
20 Court wants to read it, that's also fine.

21 **THE COURT:** I don't particularly want to read  
22 it, so you can do that.

23 Also, there's a blank in here for the exhibit  
24 number. I'd like you to take care of that.

25 And I would also like to get another page, get

1 everyone to stipulate who's stipulating to it to sign.

2 Okay. Signature blocks for government, defense, also for  
3 your client, Mr. Ferguson.

4 **MR. FERGUSON:** Yes, Your Honor.

5 **THE COURT:** All right. If you can just staple  
6 that onto this, I think we'll be good to go.

7 **MS. PAYERLE:** Thank you, Your Honor.

8 So in terms of logistics, I think what we  
9 propose, then, is that -- could we continue with the  
10 testimony of the witness that's on the stand, and that'll  
11 give us time to create the paperwork?

12 **THE COURT:** Right.

13 **MS. PAYERLE:** And then there would still be  
14 blank for the exhibit number because we don't know. This  
15 will be a new exhibit, and we don't know where in time it  
16 will fall, so we can just write in that exhibit number?

17 **THE COURT:** Not a problem.

18 **MS. PAYERLE:** Okay. Yes, sir. So then we will  
19 do this after the current witness is finished.

20 And with the Court's, and I suppose Defendant's  
21 permission, we'd like to release Kristina St. Laurent  
22 this morning.

23 **THE COURT:** That's fine.

24 **MS. PAYERLE:** Thank you. Thank you, Judge.

25 **THE COURT:** Okay. And need to bring the witness



1 back up.

2 **MS. PAYERLE:** Oh, do we?

3 **MR. PENNEBAKER:** No, no. I think he's talking  
4 about --

5 **MS. PAYERLE:** Oh, this witness. I'm sorry.

6 **THE COURT:** The witness who's testifying.

7 **MS. PAYERLE:** Yes, Your Honor. Sorry.

8 (The witness complies with the request.)

9 **THE COURT:** Was this a copy of the stipulation  
10 just for me, or do you need it back.

11 **MS. PAYERLE:** No, Your Honor. That's for you.  
12 Thank you.

13 **THE COURT:** All right. And bring in the jurors.  
14 (Jury in at 9:09 a.m.)

15 **THE COURT:** All right. Good morning, everyone.

16 **THE JURY:** Good morning.

17 **THE COURT:** Y'all had a restful evening last  
18 night. We're ready to go ahead and proceed. I think we  
19 were hearing testimony from Special Agent Scales, so  
20 we're going to continue with that at this time.

21 Mr. Pennebaker?

22 **MR. PENNEBAKER:** Thank you, Judge.

23

24

25

1                   **SPECIAL AGENT DEMARCUS SCALES,**  
2     having been PREVIOUSLY duly sworn, was examined and  
3     testified as follows:

4                   **CONTINUED DIRECT EXAMINATION**

5     **BY MR. PENNEBAKER:**

6       Q.     Good morning, Special Agent Scales.

7       A.     Good morning.

8       Q.     Yesterday, where we left off, we were going to talk  
9     about an exhibit summary for a patient named Whitney  
10    Henley, which is in a folder marked for identification as  
11    Government's 823.

12                   (A document was passed to the witness.)

13    **BY MR. PENNEBAKER:**

14    Q.     Do you recognize that?

15    A.     Yes.

16    Q.     Okay.

17                   **MR. PENNEBAKER:**   The government would offer into  
18    evidence what's been previously marked as 823 and is  
19    now --

20                   **THE COURT:**   That will be Exhibit 79?

21                   **CASE MANAGER:**   Yes, sir.

22                   **MR. PENNEBAKER:**   79.   Thank you, Your Honor.

23                   (The above-mentioned item was marked as  
24    Exhibit No. 79.)

25                   **MR. PENNEBAKER:**   Ms. Silverberg, if we could

1 just go ahead and zoom in on "we should meet" on Page 1,  
2 please.

3 **BY MR. PENNEBAKER:**

4 Q. Special Agent Scales, is this a series of Facebook  
5 messages in April 2016?

6 A. Yes.

7 Q. Okay. So we'll continue. I'll read for the  
8 defendant, and you'll read for the witness, if that's all  
9 right.

10 A. Yes, sir.

11 Q. Excuse me, not the witness, the -- the other  
12 individual.

13 "We should meet."

14 A. "What's up?"

15 Q. "I see you all the time and wonder why we don't  
16 know each other. Are you really in Kentucky?"

17 A. "Where on Facebook? And no, I'm in Tennessee."

18 Q. "Yes, and mug shots. You sent me a friend request  
19 a while ago, and we have mutual friends. So I was just  
20 wondering, because you looked like someone I should  
21 know."

22 Special Agent Scales, what is "mug shots"?

23 A. After somebody has been arrested, you'll typically  
24 take a mug shot.

25 Q. And is there a website that displays those?

1 A. There are.

2 Q. Okay.

3 **MR. PENNEBAKER:** So Ms. Silverberg, heading down  
4 to "I got a referral."

5 **BY MR. PENNEBAKER:**

6 Q. Go ahead, Special Agent Scales.

7 A. "I got a referral to chronic pain management, but  
8 need a doc."

9 Q. "I'm the guy they refer to as the Rock Doc."

10 A. "So can you do it? And why that, plus I like it,  
11 tats."

12 Q. "Well, I need a crazy, hot girl that likes to have  
13 fun."

14 A. "LOL. I'm a nut."

15 Q. "So am I, and really outside the box, so you would  
16 be perfect."

17 **MR. PENNEBAKER:** All right. And Ms. Silverberg,  
18 if we could go to "how old are you?"

19 **BY MR. PENNEBAKER:**

20 Q. "How old are you?"

21 A. "23. What about you?"

22 Q. "Perfect. My last girlfriend was 25. I'm 42. I  
23 only date in the 20s."

24 A. "LOL. I need a car, ha, ha, ha, ha."

25 Q. "Ha, ha, ha, ha."

1 A. "Ha, ha."

2 Q. "Well, I guess that could happen. I could be your  
3 sugar daddy if you play it right."

4 **MR. PENNEBAKER:** And then if we can go, please,  
5 Ms. Silverberg, to Page 2. "I go to Dr. Eze."

6 **BY MR. PENNEBAKER:**

7 Q. All right. Go ahead, Special Agent Scales.

8 A. "I go to Dr. Eze, but only doc I can get in for  
9 pain pills is over an hour away. I already get Xanax."

10 Q. Now, Special Agent Scales, does going an hour a  
11 away for pain pills have any investigative significance?

12 A. Why would you be traveling long distances for pain  
13 pills?

14 Q. Okay. So the Defendant responds: "All right, sexy  
15 ass, but you have my digits."

16 A. "Somebody stole my script. I need some. Okay."

17 Q. "Pain management in Tennessee has become a  
18 nightmare. Text me later."

19 Special Agent Scales, is there any investigative  
20 significance to somebody stealing my script and asking  
21 for some more?

22 A. Yes. She's -- she's asking for more scripts.

23 Q. Is that a red flag?

24 A. Yes.

25 **MR. PENNEBAKER:** And if we could go a little

1 further down on the page, please, Ms. Silverberg. "It  
2 means I ain't cheap."

3 **MS. SILVERBERG:** I'm just trying to find it. If  
4 you go to the next page.

5 **MR. PENNEBAKER:** It might be on the next page.  
6 Apologies. Try 4.

7 **MS. SILVERBERG:** Say that again. Oh, 4.

8 **MR. PENNEBAKER:** Oh, there it is in the middle.

9 **MS. SILVERBERG:** Keep going?

10 **MR. PENNEBAKER:** Right -- right here.

11 **MS. SILVERBERG:** Oh, I see. Sorry.

12 **BY MR. PENNEBAKER:**

13 Q. Okay. Can you start at "I don't trick"?

14 A. "I don't trick, but yes, I need help: money,  
15 clothes, et cetera, and drugs like percs and weed, if  
16 possible."

17 Q. What is "trick"?

18 A. I guess a way you could -- somebody spending --  
19 spending money on an individual.

20 Q. Okay. So drugs like percs and weed -- do you know  
21 what percs are?

22 A. Percocet.

23 Q. A Schedule II controlled substance that a nurse  
24 practitioner could prescribe?

25 A. Yes.

1 Q. "I have women I don't have to pay for," says the  
2 defendant.

3 A. "Obviously. I already knew that, but I'm  
4 different."

5 Q. "Then what makes you different?"

6 A. "Religion."

7 Q. All right. And --

8 A. "To be honest."

9 Q. Oh, okay. "To be honest."

10 MR. PENNEBAKER: And Ms. Silverberg, if you  
11 could go down to "my daddy."

12 MS. SILVERBERG: "My daddy"?

13 MR. PENNEBAKER: You were doing it right.

14 MS. SILVERBERG: Oh, okay.

15 BY MR. PENNEBAKER:

16 Q. So Special Agent Scales, you said "to be honest,"  
17 and Jeff Young says "TBH" and then --

18 A. "To be honest."

19 Q. -- she said "to be honest."

20 Jeff Young says: "My daddy's a preacher. I don't  
21 need any more religion. I need a hot babe that likes to  
22 get down."

23 A. "And I need a hot doctor to help me out."

24 Q. "Are you good in bed?"

25 A. "Yeah, but I have -- I've talked to you -- you

1 about it."

2 Q. "Talk is cheap."

3 A. "And Whitney ain't."

4 Q. "Laughing out loud. Send me some sexy pics."

5 **MR. PENNEBAKER:** All right. If we could go to  
6 Page 7, please, Ms. Silverberg. And could you zoom in on  
7 the prescriptions there?

8 **BY MR. PENNEBAKER:**

9 Q. Special Agent Scales, are these two prescriptions  
10 issued on June 22, 2016?

11 A. They are.

12 Q. After Ms. Henley has told the defendant that she  
13 needs drugs like percs and weed?

14 A. Correct.

15 Q. And what opioid does Percocet have in it?

16 A. Oxycodone.

17 Q. All right. So what does she get from the defendant  
18 on 6/22/16?

19 A. Oxycodone.

20 Q. In addition to alprazolam, right?

21 A. Correct.

22 Q. Do you know if that's a dangerous combination?

23 A. It is.

24 **MR. PENNEBAKER:** Now, if we could go to the  
25 three lines above that. Actually, yeah, let's go to the



1 three lines above that.

2 **BY MR. PENNEBAKER:**

3 Q. Now, the PMP data, the CSMD data doesn't have a  
4 time stamp on it, but the CSMD data we were just looking  
5 at was at June 22nd, right?

6 A. Correct.

7 Q. And these three messages are from June 22nd in the  
8 evening, at around 7:00 p.m., correct?

9 A. Correct.

10 Q. Okay. So what does Ms. Henley say to the  
11 defendant?

12 A. "How many of these you want me" -- is that "throw  
13 you"?

14 Q. Uh-huh.

15 A. It's cut off.

16 "I'm trying to sell some. Do you know anybody? I  
17 need to get my son's stuff and new clothes and stuff for  
18 when we go party, LOL."

19 Q. All right.

20 **MR. PENNEBAKER:** And Ms. Silverberg, if you  
21 would zoom into the four entries below the prescription,  
22 please.

23 **BY MR. PENNEBAKER:**

24 Q. "What? I don't do that," says the -- says Jeff  
25 Young.

1 "I will not be able to write you anything further.  
2 You told me you needed them for your multiple car  
3 accidents. Not cool. You will be discharged as a  
4 patient."

5 Do you see that this?

6 A. Yes.

7 **MR. PENNEBAKER:** So then Ms. Silverberg, if he  
8 could go down to the part of the page that says "we still  
9 friends, though, right?" That's on Page 8. I'm sorry.

10 **MS. SILVERBERG:** Oh, sorry.

11 **BY MR. PENNEBAKER:**

12 Q. All right. Go ahead, Special Agent Scales.

13 A. "We still friends, though, right? I'd why -- why  
14 you're being a dick to me; you have no reason to. I've  
15 took up for you to so many people, it's ridiculous. You  
16 said we can hang out whenever. I just wanted to be  
17 friends with you, nothing more. I know you wrote me what  
18 you did because of feds, so there's no reason to  
19 discharge me or not be my friends."

20 And she corrected herself with "friend."

21 "I'm one of the best friends you could ever have.  
22 You're hurting my feelings, and my feelings don't get  
23 hurt. I'm sorry for trying to bring drama into -- I'm  
24 sorry, not trying to bring drama into your life, but I  
25 love you as a a friend, Jeff, and I love your whole

1 family. So all I ask for is to be respected by you."

2 Q. "You crossed the line asking me to sell pills."

3 A. "Okay. And I also told you in your office I will  
4 look out for you. I didn't cross the line then. I mean,  
5 you smoke weed. You got roxies you give out around --  
6 out around your house, so how did I cross the line when  
7 you were the one being cool with shit like that?"

8 Q. Okay. So you got roxies you give out around your  
9 house. "Roxy," is that a street name for oxycodone?

10 A. It is.

11 **MR. PENNEBAKER:** If we could go, please, to  
12 Page 9, Ms. Silverberg, and then to "I straight."

13 **BY MR. PENNEBAKER:**

14 Q. And go ahead, Special Agent Scales.

15 A. "I straight snorted a roxy 15 you gave to your  
16 peoples right in front of you, in your kitchen, plus  
17 smoked weed there. So I -- I'd -- why you being so petty  
18 towards me when I'm cool -- cool as a fuck, and it ain't  
19 my fault. I didn't know you would get mad to save your  
20 own ass when you're -- when you party hard. And you told  
21 me at the club it's cool; you are being watched, but it  
22 was cool for me to come back.

23 I talked to Kristie before I left. She wanted to  
24 talk to me, and she said she was going to talk to you  
25 when she gets back from lunch. I'm begging you. I have

1 no other doctor to go -- doc to go to. I promise you  
2 won't have any more problems out of me. I'm not selling  
3 anything. I won't. Please, Jeff. I don't beg, and I  
4 didn't mean it when I said what I -- what? I got to have  
5 sex with you? But seriously, I'm having panic attacks  
6 and shit. Please get me back in. I didn't have sex with  
7 your friend either, if that's why you didn't want me back  
8 today."

9 Q. Okay. And then if you could go down to "I ain't."

10 A. "I ain't -- the "I ain't reporting"?

11 Q. Uh-huh. Yes, sir.

12 A. "I ain't calling the -- I ain't -- I ain't calling  
13 a reporting shit. I ain't getting you in trouble, but  
14 you're fucking treating me like I'm a fucking threat to  
15 you and your job, when I'm not. But you know you're  
16 crooked and so -- and so is some of the people in your  
17 office. So, I mean, what the fuck? I like everybody  
18 there, except the guy nurse. Fuck it. I hate you. I'll  
19 call and report this shit because you fucked me."

20 Q. All right. That's enough. Thank you, sir.

21 **MR. PENNEBAKER:** And that's all we need from  
22 that exhibit, Ms. Silverberg. Thank you.

23 **BY MR. PENNEBAKER:**

24 Q. Special Agent Scales, do you remember reviewing a  
25 an exhibit involving someone named Tina Powers?

1 A. Yes.

2 Q. And is this that summary?

3 (A document was passed to the witness.)

4 A. Yes.

5 **MR. PENNEBAKER:** The government would offer into  
6 evidence Exhibit 813 previously marked, which now will be  
7 Government's 80, Your Honor.

8 **THE COURT:** Okay. We'll receive it.  
9 Exhibit 80.

10 (The above-mentioned item was marked as  
11 Exhibit No. 80.)

12 **MR. PENNEBAKER:** All right. If we could go to  
13 Page 2, please, and then zoom in at "I accept."

14 **BY MR. PENNEBAKER:**

15 Q. Is Tina Powers a -- somebody who gets prescriptions  
16 for controlled drugs from the defendant?

17 A. Yes.

18 Q. Okay. So I -- the defendant says here: "I accept  
19 pics for my birthday."

20 And what is that a picture of?

21 A. Pictures of Ms. Powers in nude.

22 Q. And then the defendant says: "Damn, where are you  
23 now?"

24 And then what happens after that?

25 A. She sends another nude.

1           **MR. PENNEBAKER:** If we could go to Page 5,  
2 please, and zoom in at "I need to."

3           **MS. SILVERBERG:** Where? Sorry. What did you  
4 say, Drew?

5           **MR. PENNEBAKER:** "I need to." Maybe it's Page 6  
6 or Page 3. I'm sorry.

7           **THE WITNESS:** It was the previous page.

8           **MR. PENNEBAKER:** Oh, okay. Excuse me. Page --

9 **BY MR. PENNEBAKER:**

10 Q. So there's -- by the way, Special Agent Scales, on  
11 Page 3, we see a prescription entry there. What --  
12 what's that?

13 A. Hydrocodone.

14 Q. Okay.

15           **MR. PENNEBAKER:** And Ms. Silverberg, if we could  
16 go to Page 4. And this is, I believe --

17           **MS. SILVERBERG:** I think it's the next page.

18 Oh, there it is. I found it. Sorry.

19           **MR. PENNEBAKER:** No problem.

20 **BY MR. PENNEBAKER:**

21 Q. So at the top, Mr. Young says: "I need to fuck."

22 A. "Me, too."

23 Q. "I have frustrations to work out. It would be  
24 violent."

25 A. "Thank God I'm going to have to come see you

1 tomorrow."

2 Q. "Please see -- I'll see you in my private office."

3 A. "I'll try my best. I promise. I need it."

4 Q. "Me, too. Make it happen, baby."

5 A. "Mm."

6 Q. Okay.

7 **MR. PENNEBAKER:** That's -- I think we're done  
8 with that one, Ms. Silverberg.

9 **BY MR. PENNEBAKER:**

10 Q. After that exchange, does Ms. Powers get another  
11 prescription for hydrocodone?

12 A. Yes.

13 Q. Does she actually get a prescription for  
14 hydrocodone from the defendant every month until the  
15 clinic closes?

16 A. Yes.

17 **MR. PENNEBAKER:** If we could go to --

18 **BY MR. PENNEBAKER:**

19 Q. Have you reviewed a summary exhibit for an  
20 individual named Shantell?

21 A. Yes.

22 Q. I'm showing you what's been previously marked as  
23 Government's 609 or 809. Is that the exhibit you're  
24 talking about?

25 A. Yes.

1           **MR. PENNEBAKER:** Your Honor, I would offer the  
2 summary exhibit of Shantell Davis as Exhibit 81.

3           **THE COURT:** Okay.

4           **MR. PENNEBAKER:** Thank you.

5           (The above-mentioned item was marked as  
6 Exhibit No. 81.)

7           **MR. PENNEBAKER:** And Ms. Silverberg, if you  
8 could publish Page 12 of this exhibit, and zoom into the  
9 prescription, please.

10          **MS. SILVERBERG:** Just the prescription?

11          **MR. PENNEBAKER:** Yes.

12          **BY MR. PENNEBAKER:**

13          Q. All right. So on March 9, 2015, does Ms. Davis get  
14 a prescription from the defendant for Percocet, 45 count?

15          A. Yes.

16          **MR. PENNEBAKER:** Ms. Silverberg, if we could go  
17 to Page 19, please, and zoom into that prescription.

18          **BY MR. PENNEBAKER:**

19          Q. And on March 16, 2015, does Ms. Davis get a  
20 prescription for clonazepam, 1 milligram, 90 count?

21          A. Yes.

22          Q. Is clonazepam a benzodiazepine like Xanax?

23          A. It is.

24          Q. Okay.

25          **THE COURT:** Excuse me. You've made reference to



1 Ms. Davis?

2 MR. PENNEBAKER: Yes.

3 THE COURT: Is it Shantell Davis?

4 MR. PENNEBAKER: Yes, Your Honor.

5 THE COURT: When you hand it up to him, you just  
6 said "Shantell."

7 MR. PENNEBAKER: Yes, Your Honor. This is  
8 Shantell Davis.

9 THE COURT: Go ahead.

10 MR. PENNEBAKER: If we could go to Page 23,  
11 Ms. Silverberg. Zoom in on "I just got home."

12 BY MR. PENNEBAKER:

13 Q. All right. If you could start at the top message,  
14 please, sir.

15 A. "I just got home. I got so fucked up and did blow  
16 for the first time in 13 years last night."

17 Q. What is "blow"?

18 A. I'm not a hundred percent sure. Either heroin or  
19 cocaine.

20 Q. Okay. "It's all good. You survived."

21 A. "LOL. Have you recovered from last night?"

22 Q. "I'm back at the emporium actually."

23 A. "Seriously? I really wish you were giving me a  
24 congratulations fuck it -- fuck right now."

25 Q. "Me, too."

1           **MR. PENNEBAKER:** All right. And that's all  
2 we're going to look at from that one, Ms. Silverberg.  
3 Thank you.

4 **BY MR. PENNEBAKER:**

5 Q. All right. Have you looked at a summary exhibit  
6 involving a patient named -- or, well, an individual  
7 receiving prescriptions from the defendant named Tiffany  
8 Webb?

9 A. Yes.

10 Q. Is this that summary exhibit?

11 A. Yes.

12 Q. And it's been previously marked as Government's  
13 one -- 810.

14           **MR. PENNEBAKER:** And I'd offer it now, Your  
15 Honor, the summary exhibit of Tiffany Webb, as  
16 Exhibit 82.

17           **THE COURT:** Uh-huh.

18           **MR. PENNEBAKER:** Thank you, Your Honor.

19           (The above-mentioned item was marked as  
20 Exhibit No. 82.)

21           **MR. PENNEBAKER:** And if I could use the ELMO,  
22 please, and I'll hand it up to you.

23           **MS. SILVERBERG:** Drew, I can move it that way  
24 and do it.

25           **MR. PENNEBAKER:** Oh, you can do it?

1                   **MS. SILVERBERG:** I can do it.

2                   **MR. PENNEBAKER:** I got you. I don't need the  
3 ELMO.

4                   **MS. SILVERBERG:** It's loading.

5                   **MR. PENNEBAKER:** All right. And if we could go  
6 to the November 26, 2015.

7 **BY MR. PENNEBAKER:**

8 Q. Have you seen, in your review of the Facebook  
9 account, the search warrant return from the Facebook  
10 account, Special Agent Scales, that this is another  
11 individual who sent nude pictures to the defendant that  
12 just aren't present on this summary?

13 A. Yes.

14 Q. Okay. And did some of those nude pictures get  
15 exchanged in November 2015?

16 A. Yes.

17                   **MR. PENNEBAKER:** And Ms. Silverberg, if you  
18 could zoom in on the prescriptions right there.

19 Yes. Thank you.

20 **BY MR. PENNEBAKER:**

21 Q. Is that in October and November prescriptions for  
22 alprazolam, 1 milligram; and hydrocodone, 10, 325?

23 A. Correct.

24                   **MR. PENNEBAKER:** Could we please go to the next  
25 page, Ms. Silverberg, and if you could zoom in on that,

1 the prescriptions, all the ones that you can see there at  
2 the top. Thank you.

3 **BY MR. PENNEBAKER:**

4 Q. And now we've got -- it looks like on December 3rd,  
5 we've got oxycodone and carisoprodol. Do you see that?

6 A. Correct.

7 Q. In December, we get alprazolam, oxycodone, and  
8 diazepam. Is that two benzodiazepines in the same month?

9 A. Yes.

10 Q. And I believe that the first opioid prescription we  
11 saw was for hydrocodone, 10 milligram; now we're on  
12 oxycodone, 10 milligram?

13 A. The first one --

14 Q. The one we looked at on the last page.

15 A. Okay. Yes.

16 Q. So is that -- is it fair to say that the defendant  
17 is increasing the strength of the opioids that are being  
18 prescribed over time?

19 A. Correct.

20 Q. So Special Agent Scales, are these the only women  
21 that you and other investigators identified that are  
22 exchanging explicit messages with the defendant while  
23 they're receiving prescriptions for opioids and other  
24 controlled drugs from the defendant?

25 A. No, sir.

1 Q. Are there just a couple more?

2 A. No, sir.

3 Q. Are there more than a dozen more?

4 A. Yes.

5 Q. Are there dozens more?

6 A. Potentially.

7 Q. Okay. Did you also look at the instant messaging  
8 and the prescription monitoring data for an individual  
9 named Ben Elston?

10 A. I did.

11 Q. Now, is that the individual that we heard Mr. Young  
12 refer to as his bodyguard?

13 A. Yes.

14 Q. And I'm going to hand you what's been previously  
15 marked as Government's 805, and I want you to tell me if  
16 this is a summary of instant messages and PMP with  
17 Mr. Elston.

18 A. Yes.

19 **MR. PENNEBAKER:** Your Honor, the government  
20 would offer what's been previously referenced as  
21 Government's 805 as Exhibit 83.

22 **THE COURT:** Okay. We'll go ahead and receive  
23 it.

24 **MR. PENNEBAKER:** Thank you.

25 (The above-mentioned item was marked as

1 Exhibit No. 83.)

2 **MR. PENNEBAKER:** And Ms. Silverberg, if we could  
3 go ahead and zoom in at the first -- the top of the first  
4 page. Yes.

5 **BY MR. PENNEBAKER:**

6 Q. And go ahead. Is that -- is that a prescription  
7 for oxycodone up there at the top for 90?

8 A. It is.

9 Q. And the date is September 25, 2014?

10 A. Correct.

11 Q. So you can go ahead and start reading for  
12 Mr. Elston.

13 A. "4/2/77, Walgreens, 664-8892. Thanks, Brother, I  
14 owe you."

15 Q. Is that Mr. Elston giving the defendant his  
16 identifiers?

17 A. Yes.

18 Q. Birth date, phone number?

19 A. Yes.

20 Q. Okay. "Prescription is ready."

21 A. "Thanks, Brother. If you ever need me, I got your  
22 six, man. Thanks for helping me out."

23 Q. "My pleasure, Bro. You in my family now."

24 A. "Roger that. You're in mine."

25 Q. "Winky, tougue sticking out" emoji.

1 And then is there another prescription for  
2 clonazepam on October 1, 2014, that goes to Mr. Elston,  
3 120 count?

4 A. Yes.

5 Q. What is "I got your six"?

6 A. Meaning that I got your back.

7 **MR. PENNEBAKER:** If we could go to Page 2,  
8 please, Ms. Silverberg, and zoom in at "okay, he'll  
9 make."

10 **BY MR. PENNEBAKER:**

11 Q. Will you start at "call me later"?

12 A. "Call me later, if you want, and fill me in on your  
13 ex messing with you, if you feel comfortable doing that,  
14 and let me see if I can help you with that problem. Only  
15 if you want. Our conversation with be completely  
16 classified."

17 Q. "It's a McNairy County issue for now. If it gets  
18 transferred here, I'll be in touch."

19 A. "We've got powerful friends there, too. Dawanna  
20 Pusser is like a second mom to me, and she's a powerful  
21 woman. Just let me know. I got this."

22 **MR. PENNEBAKER:** All right. And if we can go to  
23 Page 5, please, Ms. Silverberg. And "Ben, my ex is  
24 dating."

25 **BY MR. PENNEBAKER:**

1 Q. "Ben," says Jeff Young.

2 "My ex is dating Jeff Shepard with the JPD. Dawn  
3 has been having him doing background checks on all my  
4 friends and trying to start shit. Can you get him a  
5 message and tell him to stay the fuck out of my business?  
6 I don't care if he fucks my ex. He just needs to know  
7 that she's a psycho bitch and that everything she says  
8 about me is her side. I can give a fuck who she dates,  
9 but using his position to get in my business is  
10 unacceptable. Also, the Montoya brothers have been  
11 causing me some problems, Jonathan and Michael. We may  
12 need to deal with that shit, too. I've had your six; I  
13 need you to have mine."

14 You see all that?

15 A. Yes, sir.

16 Q. You're in law enforcement. Is it appropriate for a  
17 member of the public to have a member of law enforcement  
18 run backgrounds?

19 A. It is not.

20 **MR. PENNEBAKER:** Okay. If we can please go to  
21 "I'm on it."

22 **BY MR. PENNEBAKER:**

23 Q. Go ahead, Special Agent Scales, please.

24 A. "I'm on it. I can definitely deal with the Montoya  
25 brothers first thing when I get back Tuesday. I'll



1 get -- I'll get Dad on Jeff ASAP. Jeff can't do shit  
2 anyway because it's a conflict of interest, but we'll  
3 definitely let him know the situation. And if they want  
4 to push this situation, then we'll push back harder.  
5 Just keep doing the right thing, and I got the rest of  
6 it. No problem. No problem, Brother. I got Shepard  
7 taken care of. Just give me a call when you -- when you  
8 break free, and I'll explain everything. I'll take care  
9 of Jonathan and Michael with a phone call. These boys  
10 aren't big enough to do shit. I got this; I promise."

11 Q. "Thanks. Call you in a minute. I just landed in  
12 LA."

13 A. "Call me tonight or tomorrow, if you want. I  
14 talked to Jonathan, and I don't think you'll have any  
15 more problems with him."

16 **MR. PENNEBAKER:** Okay. And if we could go to  
17 Page 6, please, Ms. Silverberg, and "he ain't worth it."

18 **BY MR. PENNEBAKER:**

19 Q. Go ahead, Special Agent Scales.

20 A. "He ain't worth it. He'll run away; I promise.  
21 I'll -- I'll handle it, or I'll have his ass locked up."

22 Q. "Handle my six, Bro. I'm depending on you. I want  
23 that shit taken down."

24 A. "Handled it."

25 Q. All right.

1           **MR. PENNEBAKER:** And then Page 7, please, and  
2 then zoom in at "I'm trusting you." Thank you.

3 **BY MR. PENNEBAKER:**

4 Q. All right. And so Mr. Young says "I'm trusting  
5 you" on October 20, 2014, and then what happens?

6 A. He's -- he wrote Mr. Elston a prescription the next  
7 day for hydrocodone.

8 Q. And then two days later, what happens?

9 A. He writes him another prescription for oxycodone.

10 Q. Are those two Schedule II narcotic opioid drugs at  
11 the same time?

12 A. They are.

13           **MR. PENNEBAKER:** All right. If you would please  
14 go to Page 8, Ms. Silverberg. And there you go. Thank  
15 you.

16 **BY MR. PENNEBAKER:**

17 Q. So after getting another prescription -- oh, that's  
18 a -- so Jerry Elston, is that Ben Elston's father?

19 A. It is.

20 Q. So let's just start with Mr. Young saying "that's  
21 who's causing me all this misery."

22 A. "I know. I don't care about going to jail. I've  
23 been in 10 times' worse places. I'd rather see him get  
24 humiliated or lose his job. You call it, though. If you  
25 want me to beat the fuck out of him, I'll do it. He

1 ain't shit; I promise. I'd hit him once, and it'd be  
2 over."

3 Q. "The course of action I'd suggest is a course of  
4 action I can't suggest. LOL. I wish he'd lose his  
5 fucking job for being such a pussy. I want him  
6 humiliated and lose his job. LOL. Sounds awesome."

7 A. "I don't give a fuck, Brother. I can blame it on  
8 PTSD."

9 Q. "Ha, ha, ha, ha."

10 **MR. PENNEBAKER:** All right. If we can go to  
11 Page 10, please, and zoom in at the three prescriptions  
12 on November 21st through 24th, all the way down to  
13 November 28th.

14 **BY MR. PENNEBAKER:**

15 Q. So on November 21st to 24th, do we have the  
16 defendant writing Ben Elston two prescriptions -- one is  
17 those is Jerry in the middle -- but Ben Elston  
18 prescriptions for dextroamphetamine and hydrocodone?

19 A. Yes.

20 Q. So starting right under that: "Can you meet me at  
21 Walgreens, LOL, at 6:00 p.m.?"

22 A. "Yeah, no problem. Just write me 10-milligram  
23 hydros. I don't have enough money for the Percocet.  
24 I'll see you at 6:00 at Walgreens, like 40 or 60 of  
25 them."

1 Q. And the defendant says: "K."

2 A. "Thanks. In the Tahoe by the front door."

3 Q. "Got to drop my daughter, then I will be there."

4 A. "K."

5 Q. Okay.

6 **MR. PENNEBAKER:** If we can go to Page 15,

7 please, Ms. Silverberg, and zoom in at "hey, son

8 number two."

9 **BY MR. PENNEBAKER:**

10 Q. All right. Go ahead.

11 A. "Hey, son -- hey, son number two, this is Jerry,

12 Ben's dad. Ben is going to come pick up my prescription

13 of hydros around 9:30. Will you give me the 10

14 milligrams instead of the 7.5? I'm going to be gone for

15 a week, and my Crohn's disease has been acting up. If

16 you would leave those up front, he'll come and get them.

17 I've got to be on the road by 10:00, and I'm trying to

18 get packed. Thank you, sir. If you -- if I don't have

19 time to get them filled here, I can get it filled

20 anywhere in Tennessee, can't I?"

21 Q. "Yes."

22 A. "Okay. Thanks. And Ben will be there in about an

23 hour. Sixty will be plenty also. Hey, Brother, I'll be

24 there in 20 minutes, if you -- if you'll stick that up

25 front."

1 Q. "It's already there."

2 And then what happens after that?

3 A. Jerry is -- Jerry Elston is written a prescription  
4 for hydrocodone, same day.

5 Q. 10 milligrams, and it looks like another one for  
6 oxycodone a few days later. And Ben Elston is written a  
7 hydrocodone prescription on the 13th of January?

8 A. Correct.

9 Q. What is the investigative significance of Jerry  
10 Elston allegedly texting the defendant from Ben Elston's  
11 phone and then claiming, as Jerry, not to be able to get  
12 over to the office to pick them up because he's packing?

13 A. It's a red flag because, one, he's not seeing the  
14 provider himself, and, two, he's essentially told him  
15 what he wants, and he's getting prescribed that.

16 Q. Okay. Is it possible that it could be Ben Elston  
17 pretending to be his dad from his own phone?

18 A. It's very possible.

19 **MR. PENNEBAKER:** If we could go, please, to  
20 Page 31. And if we could zoom in on the two  
21 prescriptions: 3/28 and 4/1. And then just underneath  
22 there, "hey, Bro."

23 **BY MR. PENNEBAKER:**

24 Q. All right. Now we're in 2016, correct?

25 A. Yes.

1 Q. Looks like a couple of prescriptions for Mr. Elston  
2 on March 28th and April 1st for hydrocodone and  
3 dextroamphetamine, correct?

4 A. Correct.

5 Q. All right. So underneath that, Jeff Young, a  
6 couple of days after that second prescription, writes:  
7 "Hey, Bro, Ethan Owen had the cops come to my house last  
8 night during my after party. Tell that fuck to stay away  
9 from me and my property."

10 **MR. PENNEBAKER:** And Ms. Silverberg, if we could  
11 go to the next page, please, and zoom in on the top.

12 **BY MR. PENNEBAKER:**

13 Q. Go ahead, Special Agent Scales.

14 A. "I handled that around 2:00 p.m. this afternoon.  
15 You're late."

16 I don't know if you can call that, like, a  
17 rock-and-roll emoji.

18 Q. "Let Ethan know I'll sue his ass for slander if I  
19 hear anything like that come out of his fucking mouth  
20 ever again. Talk to him today already. Brothers for  
21 life."

22 A. "Damn right."

23 **MR. PENNEBAKER:** And if we could go to -- down  
24 to the -- closer to the bottom of the page, "your boy  
25 Ethan."

1 **BY MR. PENNEBAKER:**

2 Q. Go ahead, Special Agent Scales.

3 A. "Your boy Ethan just called Tommy begging him to  
4 ask me not to beat his ass. I told Tommy you were  
5 family, and if Ethan ever did some dumb shit like that  
6 again, there would be no -- no more warnings. Anyways,  
7 he -- anyways, Ethan is very, very sorry and has seen the  
8 error of his ways. Hey, when I come by this morning and  
9 get tours (phonetic) script, can I get a Rocephin shot to  
10 get -- Rocephin shot to see if it'll help my eye? I've  
11 got another stye, and I -- and looked like somebody done  
12 tore off and whooped my ass, LOL."

13 Q. And then are there more prescriptions or controlled  
14 drugs after that?

15 A. There are.

16 Q. Do you have a summary exhibit there that -- where  
17 you -- there's -- where you've totaled the amount of  
18 controlled drug pills prescribed to Ben and Jerry Elston  
19 during the time that Mr. Elston and Mr. Young were having  
20 these exchanges?

21 A. Yes.

22 Q. What is the total count of controlled drug pills  
23 during that time?

24 A. 10,241.

25 Q. What kinds of drugs are in there?

1 A. As far as just listing them out?

2 Q. Well, just -- I mean, we've talked about  
3 hydrocodone, dextroamphetamine.

4 A. Virtussin.

5 Q. Is that a cough syrup with codeine?

6 A. It is.

7 Q. Is it fair to say that there are benzodiazepines,  
8 stimulants, opioids?

9 A. Yes.

10 Q. Okay. I think we can move on.

11 Did you also look at a -- or is this a summary  
12 exhibit of an individual named -- Jay Green's  
13 communications with the defendant and also PMP?

14 (A document was passed to the witness.)

15 A. Yes.

16 **BY MR. PENNEBAKER:**

17 Q. And it's been previously marked as Government's  
18 808.

19 **MR. PENNEBAKER:** And Your Honor, I'd offer it  
20 into evidence as Exhibit 84.

21 **MS. SILVERBERG:** 84.

22 **MR. PENNEBAKER:** 84.

23 (The above-mentioned item was marked as  
24 Exhibit No. 84.)

25 **MR. PENNEBAKER:** And Ms. Silverberg, if we could



1 go to Page 1. Just zoom in at the top.

2 **BY MR. PENNEBAKER:**

3 Q. And it looks like Mr. Green says: "Jeff, I need  
4 help. Ron is my cousin. I've been off for a couple  
5 months now for an injury. Let me know if you can get me  
6 in before Wednesday. I supposed to go back to work.  
7 Jackson Clinic won't give me any pain -- anything for  
8 pain, and I've spent a shit ton of money there. Need  
9 help fast."

10 On that same day or on the next day -- excuse me --  
11 you can see above it. On the next day, does Mr. Young  
12 prescribe Jay Green hydrocodone with acetaminophen?

13 A. Yes.

14 Q. Okay. By the way, Special Agent Scales, do you  
15 know who Jay Green is?

16 A. It was another individual that they spoke of as  
17 being one of his bodyguards.

18 Q. Is -- was Jay Green in law enforcement in another  
19 town?

20 A. He was.

21 Q. All right.

22 **MR. PENNEBAKER:** So if we could go to Page 5,  
23 please, Ms. Silverberg.

24 **MS. SILVERBERG:** Sorry. It's loading.

25 **MR. PENNEBAKER:** If we need to go to the ELMO, I

1 can use that.

2 **MS. SILVERBERG:** Oh, Drew, it's back up.

3 **MR. PENNEBAKER:** It's back up?

4 **MS. SILVERBERG:** Yeah. Sorry. I had to  
5 disconnect.

6 **MR. PENNEBAKER:** Thank you.

7 If we could zoom into the -- basically the  
8 bottom third.

9 **BY MR. PENNEBAKER:**

10 Q. All right. And so on February 10, 2016, Special  
11 Agent Scales, do we see Jeff Young tell Jay Green, in law  
12 enforcement, I need you find this fucker?

13 A. Yes.

14 Q. What does Jay Green say?

15 A. "Give me a few."

16 Q. Sorry. Up at the top.

17 A. "What's going on with him?"

18 Q. "He's threatening me."

19 A. "Give me a few."

20 Q. "I want to file charges. He started again on me  
21 today, and now he's threatening my office."

22 And then is that a picture of Jeff Young showing  
23 Mr. Green what he perceives to be a threatening message?

24 A. Yes.

25 **MR. PENNEBAKER:** And Ms. Silverberg, if we could

1 go to the top of Page 6, please.

2 So I'm sorry. The bottom half of Page 6.

3 **MS. SILVERBERG:** Down here?

4 **MR. PENNEBAKER:** Uh-huh.

5 **BY MR. PENNEBAKER:**

6 Q. So Jeff Young says: "Justice Sample."

7 A. "I can get my dispatcher to get his info, but  
8 charges will have to be filed through JPD since that is  
9 where the incident took place. Let me read through  
10 this."

11 Q. "I need his info, and I will file charges, if  
12 you -- I think you can or if you think I can."

13 A. "Yeah, you can. Renee has to know who it is for --  
14 who it is for, though. Trying not to tell her because  
15 y'all have had words before, LOL. Renee Mullins is my  
16 dispatcher, laugh out loud."

17 Q. "Words? Over what? Tell her it's for you,  
18 fucker."

19 A. "Not a clue. I did. She saw a post one day and  
20 asked if I was friends -- if I was friends" -- I believe  
21 that's 'with you' -- "I said, hell, yeah, I am. She  
22 looking get up tonight. It's already done."

23 Q. Okay. That's good.

24 **MR. PENNEBAKER:** If we can go, please,

25 Ms. Silverberg, to Page 10. Thank you.

1 **BY MR. PENNEBAKER:**

2 Q. Is this Mr. Green sending the defendant photographs  
3 of a residence?

4 A. It is.

5 **MR. PENNEBAKER:** And after that, if we can zoom  
6 in. Yeah, that's perfect. Just to everything before  
7 video.

8 **MS. SILVERBERG:** Where?

9 **MR. PENNEBAKER:** Go down to the end of "can dig  
10 deeper later."

11 **MS. SILVERBERG:** Oh, okay.

12 **BY MR. PENNEBAKER:**

13 Q. All right. So it looks like Mr. Green sends  
14 another picture, and what does he say?

15 A. "Last known address. License still shows Milan;  
16 Facebook shows Gibson."

17 Q. "Nice."

18 A. "I suggest police report. Or if we have to take  
19 care of it, we can. Can dig deeper later, but involves  
20 going into -- going to his work, et cetera."

21 **MR. PENNEBAKER:** Ms. Silverberg, do you have a  
22 CD of 808? I mean 808-A.

23 And Your Honor, I'd offer into -- this --  
24 actually, Ms. Silverberg, can we go ahead and blow up the  
25 bottom half or maybe the next -- the next entry.

1                   **MS. SILVERBERG:** Just a sec. This one?

2                   **MR. PENNEBAKER:** Uh-huh.

3                   **BY MR. PENNEBAKER:**

4                   Q. And so that next entry after "can dig deeper  
5 later," it says "Jay Green to Jeff Young."

6                   You can see that there's a blank spot in there, and  
7 that's a description, right, of what we're about to see  
8 on what's been previously identified as 808-A?

9                   **MR. PENNEBAKER:** Your Honor, I'd offer what's  
10 been previously marked as 808-A into evidence as  
11 Exhibit 85.

12                  **THE COURT:** Denied at this point. The witness  
13 hadn't identified it.

14                  **BY MR. PENNEBAKER:**

15                  Q. Special Agent Scales, I'm not sure if you have seen  
16 that video? Is that correct, that -- have you seen that  
17 video at 808-A?

18                  A. I have not.

19                  Q. Okay. Just trying to think if there's another way  
20 that -- I guess we'll --

21                  **MR. PENNEBAKER:** I'll withdraw that offer, Your  
22 Honor.

23                  **BY MR. PENNEBAKER:**

24                  Q. And just one additional question about this summary  
25 exhibit: Did Mr. Young prescribe Mr. Green opioids?

1 A. Yes.

2 Q. And did he continue to prescribe Mr. Young opioids  
3 after this exchange about locating this individual and  
4 taking care of this problem?

5 A. Yes.

6 Q. All right. Okay. Have you reviewed a summary of  
7 messages and CSMD data for an individual named Will  
8 Stone?

9 A. Yes.

10 Q. And is that what's previously been marked as  
11 Government's 822?

12 (A document was passed to the witness.)

13 A. Yes.

14 **MR. PENNEBAKER:** All right. Your Honor, the  
15 government would offer this exhibit, which is a summary  
16 of Will Stone's CSMD, SMS, and MMS as Exhibit 75.

17 **THE COURT:** 85.

18 **MR. PENNEBAKER:** 85, excuse me.

19 **THE COURT:** We'll receive it.

20 (The above-mentioned item was marked as  
21 Exhibit No. 85.)

22 **MR. PENNEBAKER:** Thank you, Your Honor.

23 All right. And Ms. Silverberg, if we can go to  
24 the July 2015 prescriptions and the couple entries  
25 underneath those.

1                   **MS. SILVERBERG:** Oh, sorry. Five.

2                   **BY MR. PENNEBAKER:**

3                   Q.       So in July 2015, do we see this individual, William  
4                   Stone, get three prescriptions for hydrocodone from the  
5                   defendant?

6                   A.       Yes.

7                   Q.       And if you look on the left-hand corner, what is  
8                   Mr. Stone identified as in the defendant's phone?

9                   A.       Can you repeat that?

10                  Q.       On the left-hand side of the screen, what is  
11                  Mr. Stone -- how is Mr. Stone identified in the  
12                  defendant's phone?

13                  A.       "Will Stone sheriff department."

14                  Q.       Okay. So what does Deputy Stone say there on  
15                  7/22/2015?

16                  A.       "You are the man. I am looking into this bill for  
17                  you. I will get with you in a day or so."

18                  **MR. PENNEBAKER:** And if we could go to Page 2 of  
19                  that exhibit, please, Ms. Silverberg, and zoom in to  
20                  "need to call in a favor."

21                  **BY MR. PENNEBAKER:**

22                  Q.       Jeff Young, there, says: "Need to call in a favor,  
23                  Brother. Can you contact me when you get time?"

24                  That's an 7/21/2015, so July 21, 2015.

25                  A.       Correct.

1 Q. And then after that, Jeff Young writes a  
2 prescription for phentermine, and Ms. -- yep, thank you.  
3 If we could blow that up.

4 So looks like from August to December, Deputy Stone  
5 gets phentermine, hydrocodone, AndroGel, hydrocodone, and  
6 Belviq. So is it fair to say that the defendant  
7 continues to prescribe for Deputy Stone for some time  
8 after that?

9 A. Correct.

10 Q. And these are controlled drugs that are being  
11 prescribed?

12 A. Correct.

13 Q. If we could, please, now go to -- have you seen a  
14 summary exhibit 816-A and -B involving an individual  
15 named Lydia Spencer?

16 A. Yes.

17 **THE COURT:** What was that first name?

18 **MR. PENNEBAKER:** Lydia, Your Honor.

19 So here is one, and here's the other. You're  
20 looking at A, and this is B.

21 (Documents were passed to the witness.)

22 **BY MR. PENNEBAKER:**

23 Q. Are those the exhibits you recognize?

24 A. Yes.

25 Q. Thank you.



1           **MR. PENNEBAKER:** And I can actually just enter  
2 this or offer this as a single exhibit. It is a summary  
3 exhibit of communications with the defendant. Actually,  
4 the -- to be -- to be precise, the exhibit is -- the  
5 first page is communications between Lydia Spencer and  
6 the office manager at Preventagenix, Kristie Gutgsell.  
7 The second page is additional text messages between those  
8 two individuals and then a group text involving  
9 individuals in the Preventagenix clinic. And then the  
10 third and fourth page are CSMD data for Lydia Spencer,  
11 Your Honor. And I'd offer these as government's -- or as  
12 Exhibit 86.

13           **THE COURT:** Okay. We'll receive them. 86.

14           **MR. PENNEBAKER:** Thank you, Your Honor.

15           (The above-mentioned items were marked as  
16 Exhibit No. 86.)

17           **MR. PENNEBAKER:** All right. If we could pull up  
18 that first page.

19           Oh, I better use the ELMO.

20           **MS. SILVERBERG:** Sorry.

21           **MR. PENNEBAKER:** That's okay. I can -- I'll  
22 just do this one like this.

23           **BY MR. PENNEBAKER:**

24           Q.     Okay. So what are we looking at here, Special  
25 Agent Scales?

1 A. Text -- a screenshot of a message from Lydia  
2 Spencer and Mr. Young.

3 Q. Or this -- I think this is actually Kristie  
4 Gutgsell --

5 A. I'm sorry.

6 Q. -- the office manager we heard from earlier.  
7 Does that sound, right?

8 A. Yes. Yes.

9 Q. Okay. So does Kristie Gutgsell say: "Any chance  
10 you can get your husband to check and see if Jeff has a  
11 warrant in Madison County that got transferred from  
12 Shelby County? Rumor is he does, sad face."

13 And Ms. Spencer says?

14 A. "Yes, ma'am."

15 Q. And then Ms. Gutgsell says: "Thanks so much."

16 On the second page, we have Ms. Spencer in that  
17 first entry. Would you read that, please?

18 A. "It is not entered into the NCIC, National Crime  
19 Information Center, as of now. So if somebody were to  
20 run him or his tag in Jackson, it would not show up that  
21 he had a warrant. Brian said he will check again in the  
22 morning when he gets to work and see if it has been  
23 entered. He advised that he can go turn himself in and  
24 get it taken care of before somebody like Briley, for  
25 instance, around here gets wind of it, and it hits the

1 news and runs rampant and spreads like wildfire. If  
2 Brian sees it come across NCIC, he will let him know  
3 ASAP."

4 Q. And is Brian in law enforcement?

5 A. Yes.

6 Q. Is it appropriate for Brian to be checking NCIC to  
7 see if the defendant has warrants to warn the defendant?

8 A. No, it is not.

9 Q. Okay. And this is a -- we're now on Page 3. Is  
10 this Ms. Spencer's PMP data?

11 A. It is.

12 Q. And are those all prescriptions written by the  
13 defendant?

14 A. Yes.

15 Q. For control drugs, including Schedule II  
16 stimulants?

17 A. Correct.

18 Q. Benzodiazepines?

19 A. Yes.

20 Q. And a sleep aid?

21 A. Yes.

22 Q. And after this information is conveyed, that orange  
23 highlighted message, is that a group chat involving the  
24 defendant and other people at the Preventagenix clinic?

25 A. It is.

1 Q. And it's a message from the office manager, Kristie  
2 Gutgsell, to the rest of these employees, correct?

3 A. Correct.

4 Q. And what does she say?

5 A. "Next time Lydia Spencer wants a hydration, it's no  
6 charge. Please put it -- put in the computer, too."

7 Q. All right. Just a couple more.

8 Have you looked -- have you reviewed messages and  
9 data related to an individual named Keith Moffit?

10 A. Yes.

11 Q. And is there -- is this a summary exhibit of  
12 that -- those messages and data previously marked as  
13 Government's 811?

14 A. Yes.

15 Q. All right.

16 **MR. PENNEBAKER:** Your Honor, I'd offer this into  
17 evidence as Exhibit 87.

18 **THE COURT:** 87.

19 (The above-mentioned item was marked as  
20 Exhibit No. 87.)

21 **MR. PENNEBAKER:** And Ms. Silverberg, if -- when  
22 you get there, if you could just zoom into the top of  
23 Page 1. There you go. Perfect.

24 **BY MR. PENNEBAKER:**

25 Q. Are these prescriptions for Keith Moffit spanning

1 April 2015 to October of 2015?

2 A. Correct.

3 Q. What is the first entry there?

4 A. A hydrocodone.

5 Q. And that's a 7.5, 325, which is 7.5 milligrams of  
6 hydrocodone and 325 milligrams of --

7 A. Tylenol.

8 Q. Right?

9 A. Yes.

10 Q. And 120 count.

11 There's also an alprazolam 1-milligram  
12 prescription, correct?

13 A. Yes.

14 Q. The next month, does the defendant up the strength  
15 of the drug both in terms of the milligrams and in terms  
16 of the drug itself to oxycodone?

17 A. He does.

18 Q. And now we're taking the acetaminophen out of the  
19 picture, correct?

20 A. Yes.

21 Q. The following month, in June, do we up the  
22 oxycodone again?

23 A. We do.

24 Q. To 20 milligrams this time, correct?

25 A. Yes, sir.

1 Q. And the alprazolam to 2 milligrams?

2 A. Yes, sir.

3 Q. So then we pretty consistently stay at that duo --

4 A. Yes.

5 Q. -- correct?

6 **MR. PENNEBAKER:** If we could go to the middle of  
7 the same page, Ms. Silverberg.

8 **BY MR. PENNEBAKER:**

9 Q. All right. What does Keith Moffit say to the  
10 defendant here on November 9th?

11 A. "You name a time you free, and me -- me, you, and  
12 our wives can step out, LOL. What's up, boss? I'm up  
13 front trying to get my VIP on. Come help me."

14 Q. All right. And then below that, do you see on  
15 11/12/2015 we get a oxycodone 30-milligram table and an  
16 alprazolam 2-milligram tablet, 120 of each?

17 A. Yes.

18 Q. And oxycodone, 30 milligram. He's gone up again,  
19 right?

20 A. Correct.

21 Q. All right.

22 **MR. PENNEBAKER:** Ms. Silverberg, if we could go  
23 to the bottom of the page.

24 **BY MR. PENNEBAKER:**

25 Q. All right. What does he -- what does Mr. Moffit

1 say at the -- in that first entry on December 7th?

2 A. "Hey, Bud, I'm VIP down there and -- and  
3 appointment is Friday. But Boss wants me -- wants to  
4 hit -- Boss wants to head back to Nashville before then.  
5 Can you get my meds filled today and no drug test, Boss?"

6 Q. "How early is it? That's a state-law thing."

7 A. "Four days. Or can you let me know if I got to  
8 take one? What's the word, Boss? Can you slip me past  
9 DT" -- abbreviation for 'drug test' -- "one more month?  
10 Help a player out."

11 Q. Okay. So here we've got an indication that it's  
12 early and that we need to slip past the drug test, right?

13 A. Correct.

14 Q. And on that same date, what do we see happen?

15 A. He's prescribed oxycodone and alprazolam.

16 Q. What is the law enforcement or the investigative  
17 significance of allowing someone to slip past a drug  
18 test?

19 A. He's not testing him to see if he's even taking his  
20 medications.

21 Q. Or maybe if he's taking something else, right?

22 A. Correct.

23 **MR. PENNEBAKER:** If we could go to Page 4,  
24 please, Ms. Silverberg, and zoom in at the top, gray to  
25 gray. Thank you.

1 **BY MR. PENNEBAKER:**

2 Q. So we get a oxycodone 30-milligram prescription on  
3 September 7, 2016, correct?

4 A. Correct.

5 Q. And then about a month later, what happens?

6 A. He receives another prescription for oxycodone.

7 Q. What is the -- what does he text the defendant  
8 before that? Or, well, send him a Facebook message, I  
9 guess.

10 A. "What's up, Buddy? Hey, need you to be me a favor  
11 between me and you, Boss Man. Me and my ol' lady will be  
12 coming with Chris and Crystal to witness the -- to  
13 witness the marriage, and I was going to see if you would  
14 write my ol' lady one script off the charts, Bro. 'Cause  
15 her back and shit is fucked up bad, and all the docs she  
16 has tried won't write her xans or oxies. She was there  
17 with you and got discharged for failing a drug test when  
18 she brought piss and trying to cover up weed smoke. If  
19 you could write her them this one time, it would be  
20 greatly" -- I'm assuming that's "appreciated."

21 Q. And thank you, Special Agent Scales. I just wanted  
22 to clarify something because I think you might have  
23 misread in the middle there.

24 I think you said "won't write her xans or oxies."  
25 I think it says "xans and oxies."



1 A. Xans and oxies.

2 Q. But after this "can you write my wife a  
3 prescription off the books," does the defendant continue  
4 to prescribe to the individual making that request?

5 A. Yes.

6 Q. All right. Did you review messages and PMP data  
7 for an individual named Bartlett?

8 A. Yes.

9 Q. And is that Scott Bartlett?

10 A. It is.

11 Q. And I'm going to hand you what has been previously  
12 marked as Government's -- well, what's been previously  
13 marked as Government's 821-A.

14 (A document was passed to the witness.)

15 **BY MR. PENNEBAKER:**

16 Q. And do you recognize that as a text exchange -- as  
17 the text exchange between the defendant and Mr. Bartlett?

18 A. Yes.

19 **MR. PENNEBAKER:** Your Honor, I'd offer  
20 exhibit -- I'd offer this text exchange between Scott  
21 Bartlett and the defendant as Exhibit 88.

22 (The above-mentioned item was marked as  
23 Exhibit No. 88.)

24 **MR. PENNEBAKER:** Ms. Silverberg, if we could  
25 please go to Page 4, top half.

1 **BY MR. PENNEBAKER:**

2 Q. Special Agent Scales, would you read from "how do I  
3 handle"?

4 A. "How do I handle getting the Adderall refilled?"

5 Q. "Can you come by my office and get a prescription?"

6 A. "Well, I live in Memphis. I suppose I can make the  
7 trek."

8 Q. "I really need to establish a chart on you. We'll  
9 bring you through the VIP entrance and out."

10 **MR. PENNEBAKER:** And Ms. Silverberg, before  
11 we -- before we move on --

12 **BY MR. PENNEBAKER:**

13 Q. Special Agent Scales, have you -- in reviewing this  
14 messaging context, is it clear that the defendant had  
15 previously written a prescription for Adderall to  
16 Mr. Bartlett?

17 A. Yes.

18 **MR. PENNEBAKER:** Ms. Silverberg, if we could go  
19 down to the bottom half.

20 **BY MR. PENNEBAKER:**

21 Q. So what does Mr. Bartlett say?

22 A. "Okay. Bud, my car is in Louisville, so I'm going  
23 to have to rent a car for a while. I'm home anyway.  
24 I'll come up next week."

25 Q. "That's the way the Grizz executives do it and my

1 other high-end clients. We have a discreteness policy."

2 Special Agent Scales, Adderall is a Schedule II  
3 controlled drug, correct?

4 A. Correct.

5 **MR. PENNEBAKER:** If we could go to Page 5 and  
6 zoom into the top half.

7 **BY MR. PENNEBAKER:**

8 Q. What does Mr. Bartlett say about the discreteness  
9 policy?

10 A. "I can dig that."

11 Q. "Then I can postdate you three months' worth."

12 A. "I can certainly dig that, too."

13 Q. All right. Have you reviewed messages and PMP data  
14 for an individual named Doug Keeton?

15 A. Yes.

16 Q. And is that what I'm handing you that's been  
17 previously marked as Government's 819?

18 (A document was passed to the witness.)

19 A. Yes.

20 **MR. PENNEBAKER:** Your Honor, offer -- I offer  
21 into evidence Exhibit 81. Oh, 89?

22 **THE COURT:** 89.

23 **MR. PENNEBAKER:** 89.

24 (The above-mentioned item was marked as  
25 Exhibit No. 89.)

1                   **MR. PENNEBAKER:** Wow, I was off.

2                   **THE COURT:** How many more of these do you have?

3                   **MR. PENNEBAKER:** Just a couple, Your Honor.

4                   **BY MR. PENNEBAKER:**

5                   Q.       So Special Agent Scales, is Mr. Keeton the  
6                   individual who owns Slide & Ride where the defendant  
7                   liked to party?

8                   A.       Yes.

9                   **MR. PENNEBAKER:** If we could go to Page 1,  
10                  please, Ms. Silverberg.

11                  **BY MR. PENNEBAKER:**

12                  Q.       Are these prescriptions for Xanax that the  
13                  defendant is prescribing Mr. Keeton?

14                  A.       Correct.

15                  **MR. PENNEBAKER:** And if he could please go to  
16                  Page 2.

17                  **BY MR. PENNEBAKER:**

18                  Q.       All right. If you would read for Mr. Keeton.

19                  A.       "Hey, this is Doug Keeton. Sorry about my dumb-ass  
20                  wife -- I mean dumb-ass ex-wife acting like she did in my  
21                  club. But don't worry. She is banned forever. But next  
22                  time y'all decide to come back, just text me, and I will  
23                  save the VIP booth for y'all and give y'all your own  
24                  server so you don't have to wait on a drink. Plus,  
25                  always text me so you don't have to wait in line outside,

1 and maybe one night we can get my limo out, and I'll  
2 carry y'all to Martin, to my club there. That way, we  
3 can party at both booths -- both clubs. But I apologize  
4 for last night. And I chew my security guards' ass out  
5 and told them when you're in -- when you're in there,  
6 nobody gets around y'all unless y'all want them to."

7 Q. "Thanks, Bro. She and my ex could be twins."

8 **MR. PENNEBAKER:** If we could go to Page 7,  
9 please, Ms. Silverberg, and zoom in "you getting out  
10 tonight."

11 **BY MR. PENNEBAKER:**

12 Q. All right. Special Agent Scales, if you want to  
13 start at "you getting out tonight?"

14 A. "You getting out tonight?"

15 Q. "Yes, sir. I'll be at Slide & Ride about 11:30."

16 A. "All right. I'll try to be there by then at  
17 red" --

18 Q. Go ahead.

19 A. "All right. I'll try to be there by then. At  
20 Redbone's now."

21 Q. And I actually started you at the wrong "you  
22 getting out tonight." The one I was asking you -- trying  
23 to ask you to read, inartfully, was the one on the 9th.

24 So this is June 9, 2016, right?

25 A. "You getting out tonight?"

1 Q. "Not tonight."

2 A. "Damn, I'm ready to turn it up. If you change your  
3 mind, holler."

4 Q. "Sorry. Have weight loss clinic tonight and my son  
5 after that. Rain check."

6 A. "Got you. I'll be ready for a lake trip soon."

7 Q. Okay. And then do we add a new type of controlled  
8 drug after that conversation: dextroamphetamine?

9 A. We do.

10 Q. So that's a couple days later.

11 Okay. And I'm going to -- have you reviewed -- did  
12 you review data and messages involving an individual  
13 named Chad Newsom?

14 A. Yes.

15 Q. Okay. And I'm going to hand you what's been  
16 previously marked as Government's 818.

17 (A document was passed to the witness.)

18 **BY MR. PENNEBAKER:**

19 Q. Is this a summary of a PMP, CSMD, and message  
20 between the defendant and Chad Newsom?

21 A. It is.

22 **MR. PENNEBAKER:** Government would offer this as  
23 Exhibit 90, Your Honor.

24 **THE COURT:** Okay. We'll receive it.

25 (The above-mentioned item was marked as

1 Exhibit No. 90.)

2 **MR. PENNEBAKER:** And Ms. Silverberg, if we could  
3 go ahead and go to Page 1.

4 **MS. SILVERBERG:** This way?

5 **MR. PENNEBAKER:** Sorry. That's the next one I'm  
6 was going to introduce.

7 So it looks like, actually, I misspoke. That's  
8 not Government's 818. That's Government's 818-B, which  
9 is still Exhibit 90.

10 **BY MR. PENNEBAKER:**

11 Q. What types of controlled medications is the  
12 defendant prescribing Mr. Newsom from around November  
13 2014 to March 2015?

14 A. Tramadol, carisoprodol, and hydrocodone and  
15 dextroamp.

16 Q. So the hydrocodone stronger than tramadol?

17 A. Yes.

18 Q. All right. And so we're on hydrocodone here in  
19 April -- in March 2015; fair to say?

20 A. Yes.

21 **MR. PENNEBAKER:** If we could go to Page 4 at the  
22 bottom. Blow up "oh, wow."

23 **BY MR. PENNEBAKER:**

24 Q. So go ahead and, Special Agent Scales, read for  
25 Mr. Newsom.

1 A. "Oh, wow, laugh out loud. Just wanted to let you  
2 know that Xanax seems to be helping out -- helping a lot.  
3 I wanted to talk to you sometime about my back pain meds.  
4 I've been reading about them, and I had a couple  
5 questions whenever you have the time."

6 Q. So we've also added Xanax by this time?

7 A. Yes.

8 **MR. PENNEBAKER:** If we could go to the top of  
9 the next page to "I need to stay."

10 A. "I need to" --

11 **BY MR. PENNEBAKER:**

12 Q. Go ahead.

13 A. "I need to stay off the enter -- internet, LOL, but  
14 all of the Tylenol is making a little nervous. I've been  
15 reading about a couple other options without all the  
16 Tylenol. Going to see what you thought of them."

17 **MR. PENNEBAKER:** Okay. And if we could go to  
18 Page 6, about the fourth line. There you go.

19 **BY MR. PENNEBAKER:**

20 Q. And can you start at "have"?

21 A. "Have you heard of something like roxicolin  
22 (phonetic) or something? The internet said it's a  
23 similar pain med with no Tylenol?"

24 Q. "OxyContin?"

25 A. "I don't know. I thought it started with an R. It



1 said they are smaller and last longer."

2 Q. "We have options. 'Roxy' is the street name."

3 A. "LOL, that's what I get for doing medical research  
4 online." Laugh emojis.

5 Q. Okay. So is roxy stronger than hydrocodone?

6 A. It is.

7 Q. What's the investigative significance of referring  
8 to the drug, in this context, as roxy?

9 A. Typically a patient's not going to refer to a pain  
10 med by a street name.

11 Q. If it's for legitimate purposes?

12 A. Correct.

13 Q. All right. So this is on April 20, correct?

14 A. Yes.

15 **MR. PENNEBAKER:** And if we could go to Page 7,  
16 the six lines at the bottom.

17 **BY MR. PENNEBAKER:**

18 Q. And if you want to start at the top of that  
19 cull-out, Special Agent Scales.

20 A. "Hey, Brother, I'm out running around. If you have  
21 a minute, I'll run by."

22 Q. "I'm in a meeting until 1:30."

23 A. "Word. I'll holler back in a bit. Got a little  
24 something for you for the holiday."

25 Q. Now, hang on just a minute. Is April the 20th or

1 4/20, is that -- is that a holiday?

2 A. They -- 4/20, it can be known as, like, a  
3 cannabis -- cannabis celebration day.

4 Q. Okay. So it's kind of an unofficial holiday?

5 A. Right.

6 Q. Okay. So Mr. Young says: "Awesome. Happy  
7 holiday."

8 A. "F yeah, Buddy. I just pulled up at the clinic.  
9 No rush, of course. I just have time to kill. By the  
10 way, go easy with that shatter, very potent, best I've  
11 had."

12 Q. What is shatter?

13 A. It is a form of cannabis.

14 Q. Is it a concentrated form of cannabis?

15 A. It is.

16 **MR. PENNEBAKER:** All right. So if we could go  
17 to Page 9, please, Ms. Silverberg, and if we could cull  
18 out "I consider you family." All the way down to the  
19 "oxycodone."

20 **BY MR. PENNEBAKER:**

21 Q. So all of this that's going on, it's still April  
22 20th, correct?

23 A. Correct.

24 Q. Same day that Mr. Newsom says "I been looking on  
25 the internet, and there's this thing called roxy"?

1 A. Correct.

2 Q. Same day that Mr. Newsom gives Mr. Young the  
3 shatter?

4 A. Correct.

5 Q. So then Jeff Young says here: "I consider you  
6 family, fucker."

7 A. "Same here, man, for reals."

8 Q. "For reals."

9 And then Mr. Young prescribes what?

10 A. Oxycodone.

11 Q. Is that the very drug that Mr. Newsom was asking  
12 for by name based on internet research?

13 A. It is.

14 Q. And have you reviewed the patient file that was  
15 taken from Preventagenix for Mr. Newsom?

16 A. I have.

17 Q. And have you compared that patient file to the PMP?

18 A. Yes.

19 Q. Or the CSMD data?

20 A. Yes.

21 Q. Have you -- is this a summary exhibit of that  
22 comparison?

23 A. It is.

24 **MR. PENNEBAKER:** And it's previously marked as  
25 818-A. I'll offer it as Exhibit 91.

1                   **THE COURT:** Say again, what it's a comparison  
2 of.

3                   **MR. PENNEBAKER:** The patient chart for  
4 Mr. Newsom and the CSMD data for Mr. Newsom.

5                   **THE COURT:** Be 91.

6                   (The above-mentioned item was marked as  
7 Exhibit No. 91.)

8                   **MR. PENNEBAKER:** And Ms. Silverberg, if we could  
9 go ahead and put that up.

10 **BY MR. PENNEBAKER:**

11 Q. Can you let the jury know what's happening in this  
12 summary exhibit?

13 A. So similar to how we put together the text messages  
14 with the PMP, this is the patient file along with the  
15 PMP. And the ones in yellow have -- the ones in yellow  
16 don't have a doctors visit with it.

17 Q. Don't have a corresponding office with it on the  
18 day?

19 A. Correct.

20 Q. And so we were just at April 20, 2015, right?

21 A. Yes.

22 Q. So what do we see there?

23 A. We see that he got prescriptions for hydrocodone on  
24 May the 8th and May the 11th and as well as may -- April  
25 20th.

1 Q. So he got hydrocodone on the 8th; he got, looks  
2 like, dextroamphetamine on the 11th, and oxycodone on the  
3 20th, which is the one that we were just talking about,  
4 correct?

5 A. Correct.

6 **MR. PENNEBAKER:** And if you could zoom out,  
7 please, Ms. Silverberg, and cull out the three entries in  
8 white before that one that we just looked at.

9 **BY MR. PENNEBAKER:**

10 Q. So looks like five days later, Mr. Newsom had  
11 gotten a couple of other -- or excuse me. Five days  
12 earlier, on the 15th, Mr. Newsom had gotten a couple of  
13 prescriptions: one for dextroamphetamine and one for  
14 1-milligram Xanax; is that right?

15 A. Correct.

16 Q. And so we do have an office visit on that date, the  
17 15th. Looks like a reason given for the visit is tension  
18 in pelvic floor, right?

19 A. Correct.

20 Q. And then what's that "VIP" signify over there on  
21 the right?

22 A. He's part of his VIP program.

23 Q. And so does that mean that there wasn't any money  
24 exchanged for the office visit?

25 A. Correct.

1           **MR. PENNEBAKER:** If we could, please,  
2 Ms. Silverberg -- let's see here.

3           If we could go back to the summary exhibit  
4 involving Ms. Story. And I forget. Which one is that?

5           All right. If we could go to Government's 76,  
6 which is formerly 807.

7           **MS. SILVERBERG:** I think it's 76.

8           **MR. PENNEBAKER:** Did I say 806?

9           **MS. SILVERBERG:** Oh, I thought you said --

10          **MR. PENNEBAKER:** Yeah, yeah. If we could go to  
11 76 at Page 8, I think. Yep. And if we could zoom in,  
12 starting at "what did I write you?"

13 **BY MR. PENNEBAKER:**

14 Q. All right. So in this exhibit involving Cyndal  
15 Story, Jeff Young says, on July 18, 2016: "What did I  
16 write you?"

17          And does Ms. Story say?

18 A. "You wrote me 5-milligram hydros," sad face.

19 Q. And then what does she say?

20 A. "Seriously. I can't take something in between  
21 taking those."

22 Q. And then Mr. Young says: "How many did I write?

23 And also, you have to be seen in the office for a

24 Schedule II narcotic. It's bullshit, but it's the law,"  
25 right?

1 A. Correct.

2 MR. PENNEBAKER: So could we go back to -- is  
3 it 91?

4 So that was in July of 2016. If we go to the  
5 second page of this exhibit, please, Ms. Silverberg. And  
6 if we can zoom into everything. There you go. Perfect.

7 MS. SILVERBERG: Just this one?

8 MR. PENNEBAKER: All -- go all the way down.

9 BY MR. PENNEBAKER:

10 Q. How many prescriptions for hydrocodone -- which is  
11 a Schedule II narcotic, correct?

12 A. Correct.

13 Q. -- happen after that text message where Mr. Young  
14 acknowledges that it's the law that you have to have an  
15 office visit for one of those drugs?

16 A. Three.

17 Q. By no means the only ones in this exhibit, correct?

18 A. Correct.

19 Q. Okay.

20 MR. PENNEBAKER: Now, if we could go back to  
21 Exhibit 90.

22 MS. SILVERBERG: This one?

23 MR. PENNEBAKER: Yes. And if we could go to  
24 Page 9, please, first four lines after the oxycodone  
25 script.

1 **BY MR. PENNEBAKER:**

2 Q. Would you start reading at "Brie's little sister"?

3 A. "Brie's little sister killed herself tonight. Can  
4 pregnant people have Xanax? She is tore up, dude."

5 Q. "Oh, my God. How far along is she?"

6 A. "Yeah, we are in shock. 19 weeks."

7 Q. "No. It would harm the baby."

8 **MR. PENNEBAKER:** And if we could go, please,  
9 Ms. Silverberg, to -- yes -- to the tenth page, top four  
10 lines.

11 **BY MR. PENNEBAKER:**

12 Q. Go ahead, Special Agent Scales.

13 A. "It's fucking crazy, dude. Thank you, though."

14 Q. "She can take BuSpar. Stop by tomorrow and pick up  
15 a script. She's going to need it over the next few  
16 weeks."

17 **MR. PENNEBAKER:** And then if we could go down  
18 to -- yep, right there in the middle.

19 **BY MR. PENNEBAKER:**

20 Q. What does he say?

21 A. "Cool. We will come by tomorrow. I just don't  
22 want her all stressed during the pregnancy."

23 Q. "Exactly. That's worse than her taking something.  
24 But Xanax is a definite no."

25 So will you tell me the date right then, Special



1 Agent Scales?

2 A. 4/23/2015.

3 Q. April 23, 2015?

4 A. Correct.

5 Q. And do you remember earlier; we heard testimony  
6 from a woman named Hope Rogers, right?

7 A. Correct.

8 Q. And did you also look at a summary, or did you also  
9 review data, Facebook messages, and CSMD data for  
10 Ms. Rogers?

11 A. I did.

12 **THE COURT:** Hold on. We're going to go ahead  
13 and take a break right now. Okay. We'll pick it up  
14 after our break.

15 **MR. PENNEBAKER:** Thank you, Your Honor.

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1           **THE COURT:** All right. Take a break, ladies and  
2 gentlemen. Leave your notebooks in the chair, and don't  
3 discuss. 15, 20 minutes, we'll get back to you. We'll  
4 go ahead and excuse you to the jury room.

5           (Jury out at 10:34 a.m.)

6           **THE COURT:** You can step down. Don't discuss,  
7 your testimony with anyone.

8           **THE WITNESS:** Yes, sir.

9           (The witness complies with the request.)

10          **THE COURT:** Mr. Pennebaker, I've asked you a  
11 couple of times; you give me the same answer every time.  
12 How many more?

13          **MR. PENNEBAKER:** This is the last new exhibit  
14 that I'm going to introduce. I would imagine I have  
15 maybe five minutes left with this witness.

16          **THE COURT:** All right. I appreciate it.

17          **MR. PENNEBAKER:** Thank you.

18          **THE COURT:** I've been really patient about all  
19 the minute details that you're going through. Sometimes  
20 it's just good lawyering, during closing arguments, to  
21 deal with all these details. But I've been patient.  
22 We've gone through 20 of these now.

23          **MR. PENNEBAKER:** Yes, Your Honor.

24          **THE COURT:** All right. We'll be in recess.

25          (Recess at 10:35 a.m. until 11:13 a.m.)

1           **THE COURT:** Okay. Just one brief thing before  
2 we bring the jury in: Government, the indication was  
3 that there was one additional witness after Special Agent  
4 Scales. Is that still the case?

5           **MS. PAYERLE:** Yes, Your Honor.

6           **THE COURT:** Okay. I just need to start making  
7 inquiry of the defense, whether there's going to be  
8 witnesses and then also your client's decision, of  
9 course.

10          **MR. FERGUSON:** We were hoping that the next  
11 witness will take us through the lunch break. We'll  
12 spend that time --

13          **THE COURT:** Probably will.

14          **MR. FERGUSON:** I would think so.

15                 And after lunch, we would be able to answer that  
16 probably a little better for you, Your Honor. I don't  
17 expect there to be much, if any, evidence on our side.

18          **THE COURT:** Okay. That's --

19          **MR. FERGUSON:** But I do -- I do need that time  
20 to spend time with my client for lunch.

21          **THE COURT:** I know he has to make a decision,  
22 and you need time to talk with him about it.

23          **MR. FERGUSON:** Right.

24          **THE COURT:** But what about other witnesses?

25          **MR. FERGUSON:** I don't -- no, there won't be

1 any.

2 **THE COURT:** Okay. Appreciate it. That's what I  
3 need to know.

4 All right. And then after we finish with  
5 Special Agent Scales, I'd like to go ahead and deal with  
6 the stipulation, get it marked into evidence --

7 **MS. PAYERLE:** Thank you, Your Honor.

8 **THE COURT:** -- before we take the last witness.

9 **MS. PAYERLE:** And maybe we play the video at  
10 that time as well?

11 **THE COURT:** Yes.

12 **MS. PAYERLE:** Okay. Thank you.

13 **THE COURT:** Go ahead and deal with that.

14 **MS. PAYERLE:** Thank you, sir.

15 **THE COURT:** All right. Bring them in, please.

16 (Jury in at 11:14 a.m.)

17 **THE COURT:** You may be seated.

18 (The witness complies with the request.)

19 **THE COURT:** All right. Folks, I think we're  
20 ready for the final push before our lunch break.

21 I'll just turn it back over to Mr. Pennebaker.  
22 If you would, please, you may proceed.

23 **MR. PENNEBAKER:** Thank you, Judge.

24 Mr. Herrin, if I could just get the ELMO.  
25

1 **BY MR. PENNEBAKER:**

2 Q. Special Agent Scales, I think we were just talking  
3 about the messages and data for Hope Rogers we heard  
4 testify earlier. Is what's previously been marked as  
5 Government's 814 the complete, unredacted version of that  
6 summary?

7 (A document was passed to the witness.)

8 A. Yes.

9 **BY MR. PENNEBAKER:**

10 Q. And we saw three pages of it introduced earlier,  
11 but this is the whole exhibit?

12 A. Correct.

13 **MR. PENNEBAKER:** Your Honor, the government  
14 offers the Hope Rogers summary as Exhibit 92.

15 **THE COURT:** All right. Go ahead and receive it.

16 (The above-mentioned item was marked as  
17 Exhibit No. 92.)

18 **BY MR. PENNEBAKER:**

19 Q. Special Agent Scales, you may recall seeing  
20 Exhibit 24 earlier, correct?

21 A. Yes, sir.

22 Q. And would you please read the last entry that Hope  
23 Rogers writes to Jeff Young?

24 A. "I'm so excited for you to meet A. Here are a few  
25 pictures. When we get out and head home, if it's a day

1 you're at the office, I'll bring her by to meet you.

2 Thank you for taking care of me and helping me stay  
3 healthy during my pregnancy. You're the best, Jeff."

4 Q. What's the date?

5 A. August 13, 2015.

6 Q. So have you reviewed the PMP data for Ms. Rogers  
7 involving Jeff Young's prescribing while she was  
8 pregnant?

9 A. Yes.

10 Q. How many prescriptions for Xanax were there between  
11 when the defendant told Mr. Newsom that's a definite no  
12 for pregnant woman and this date?

13 A. Four.

14 Q. How many total Xanax pills did the defendant  
15 prescribe Hope Rogers between the date of that warning to  
16 Mr. Newsom and August 13, 2015?

17 A. 360.

18 **MR. PENNEBAKER:** Pass the witness, Your Honor.

19 **THE COURT:** All right. Thank you.

20 And Mr. Damas?

21 **MR. DAMAS:** Thank you, Your Honor.

22 **THE COURT:** You may proceed.

23 **CROSS-EXAMINATION**

24 **BY MR. DAMAS:**

25 Q. Good morning, Special Agent Scales.

1 A. Good morning.

2 Q. It's been a long morning.

3 A. It has.

4 Q. So you've testified you were the one that created  
5 all of these summaries, these exhibit summaries, right?

6 A. I didn't testify to creating them.

7 Q. You reviewed the informations that led to the  
8 creation of the documents, right?

9 A. Correct.

10 Q. So you reviewed the text messages, the PMP data,  
11 and Facebook message and -- you know.

12 A. Correct.

13 Q. Depending on each exhibit, there's a little bit  
14 variance between each one, right?

15 A. What do you mean?

16 Q. Sometimes there's Facebook messages; sometimes it's  
17 texts?

18 A. Right. They're in order of -- they might have been  
19 going back and forth between text message and Facebook,  
20 and you just added them in.

21 Q. And you cross-referenced all of that information  
22 and kind of made it into timeline that's easy to read?

23 A. We, yes.

24 Q. Because otherwise, cell phone data information is,  
25 like, incredibly difficult and jumbled, and it's all over

1 the place?

2 A. Correct.

3 Q. Correct.

4 Okay. And part of the -- one of the things you  
5 were cross-referencing was the PMP data for the specific  
6 patients that we've been talking about all morning?

7 A. Correct.

8 Q. Do you know if you included all of the PMP data  
9 when cross-referencing that?

10 A. Yes.

11 Q. Okay. So if we can take a look at -- before get  
12 there, including PMP data in relation to continuation of  
13 care?

14 Specifically, did you include PMP data in these  
15 summaries when these patients had been given -- been  
16 receiving these prescriptions prior to being under the  
17 care of Mr. Young?

18 A. It's going to be -- when we do PMP data, we do it  
19 for -- are you asking specifically for this -- these  
20 charts?

21 Q. For -- and what might help, let's look at what's  
22 been previously labeled Exhibit Number 78. And I'm going  
23 to just use this ELMO; it's going to be easier.

24 Number 78. So right here, you started off the  
25 summary with June 30th of 2016?



1 A. Correct.

2 Q. Right. So my question to you is, were there any  
3 other PMP entries for Ms. Amy Sanders prior to June 30th  
4 of 2016?

5 A. I would have to see the PMP data to . . .

6 **MR. DAMAS:** If I may approach?

7 **THE COURT:** Good ahead.

8 **BY MR. DAMAS:**

9 Q. Do you recognize that?

10 A. This is a -- is this a full PMP?

11 Q. It's not the full PMP. It's just -- it's  
12 specifically relating to the time period around June 30,  
13 2016.

14 But do you recognize what that document is?

15 A. Yes. Yes.

16 Q. Yes?

17 A. (Nodding head up and down.)

18 Q. What is that?

19 A. This is a CSMD.

20 **THE COURT:** I couldn't hear you. What did you  
21 say?

22 **THE WITNESS:** A CSMD or a P -- PMP.

23 **BY MR. DAMAS:**

24 Q. The same -- same --

25 A. Same difference.

1 Q. I used it interchangeably.

2 But who's it for?

3 A. Amy Sanders.

4 Q. Amy Sanders.

5 Did you happen to get a chance to -- if there was  
6 any other narcotics given to Ms. Sanders by a different  
7 provider prior to June 30, 2016?

8 A. Yes.

9 Q. Thank you.

10 **MR. DAMAS:** I move to admit, Your Honor.

11 **THE COURT:** What do we have here? How do you  
12 describe the document?

13 **MR. DAMAS:** This would be Amy Sanders' PMP data,  
14 I guess.

15 **THE COURT:** Okay. We'll go ahead and receive  
16 it. That will be Number 93.

17 (The above-mentioned item was marked as  
18 Exhibit No. 93.)

19 **BY MR. DAMAS:**

20 Q. So as we can see, Special Agent Scales, you started  
21 off the summary with June 30, 2016, prescription given to  
22 Ms. Sanders by Jeff Young. But there's also other  
23 prescriptions for narcotics from other providers prior to  
24 that, correct?

25 A. Correct.

1 Q. Is there any reason why that wasn't included in the  
2 summaries?

3 A. Because these are specific examples showing that  
4 Jeff Young was prescribing to her.

5 Q. You don't think it's relevant to show that she was  
6 already receiving care prior to coming up with Jeff Young  
7 and he's just continuing that care once he comes into --  
8 once she comes under his care?

9 A. We have the burden of proving and that he was  
10 distributing drugs.

11 Q. But it is relevant?

12 A. Not to what we're trying to --

13 Q. Okay.

14 A. -- prove.

15 Q. All right. Let me just ask you this: Is it  
16 possible that you left out that kind of information on  
17 other patients as well?

18 A. It is possible, because it's only for Jeff Young.

19 Q. So let's go to Cyndal Story. Cyndal Story. That's  
20 previously marked Exhibit 76, Page 8.

21 All right. And I'm going to hand this up to you.  
22 Let me know if you recognize what this is.

23 (A document was passed to the witness.)

24 A. Another CSMD, and at this time, for Cyndal Story.

25 **BY MR. DAMAS:**

1 Q. For Cyndal Story.

2 MR. DAMAS: I move to admit, Your Honor, PMP  
3 data for Cyndal Story.

4 THE COURT: We'll receive it. It will be  
5 Number 94.

6 (The above-mentioned item was marked as  
7 Exhibit No. 94.)

8 BY MR. DAMAS:

9 Q. All right. So on this previously marked exhibit,  
10 this is the first instance that Jeff Young prescribes  
11 alprazolam and hydrocodone to Ms. Story; is that correct?

12 A. Correct.

13 Q. Okay. And we can take a look at Ms. Story's PMP.  
14 She had been receiving those types of medications prior  
15 to coming under the care of Mr. Young; is that correct?

16 A. Correct.

17 Q. So continuation of care --

18 A. Correct.

19 Q. -- right?

20 And that was left out from the summaries, correct?

21 A. Correct.

22 Q. Okay. And you said the reason you're leaving out  
23 this information is because it's not relevant to your  
24 case?

25 A. We specifically stated that these PMPs were from

1 Jeff Young's prescribing, and those -- a prescriber  
2 that's not Jeff Young is not being specific examples to  
3 the crime we investigated.

4 Q. Because -- once again, because it's not relevant to  
5 your case, to your burden of proof, right?

6 A. Correct.

7 Q. But it is relevant as to whether Mr. Young was  
8 continuing the care of prior -- prior prescribing, patients?  
9

10 A. Not necessarily.

11 Q. Okay. Let's go to Ben Elston, Mr. Young's  
12 bodyguard. Previously Exhibit 83.

13 You recognize what this is?

14 (A document was passed to the witness.)

15 A. Another PIP or CSMD.

16 **BY MR. DAMAS:**

17 Q. For Mr. Ben Elston?

18 A. Yes, sir.

19 **MR. DAMAS:** Move to admit, Your Honor.

20 **THE COURT:** 95.

21 (The above-mentioned item was marked as  
22 Exhibit No. 95.)

23 **BY MR. DAMAS:**

24 Q. So for Mr. Elston, the first time Mr. Young gives  
25 him a prescription is September 25, 2014?

1 A. Correct.

2 Q. And just quickly looking at his PMP data, prior to  
3 2014, he's also receiving that type of medication from  
4 other prescribers, correct?

5 A. Correct.

6 Q. And once again, the reason you left this out is  
7 because it's not relevant to the case you were trying to  
8 prove --

9 A. Correct.

10 Q. -- correct?

11 I know you did it with Mr. Chad Newsom. You looked  
12 at whether there was a clinical visit or not. Did you do  
13 that for the rest of these?

14 A. Yes.

15 Q. Were you able to verify that many times, most of  
16 the time, these were in relation to an office visit?

17 A. Can you repeat that question?

18 Q. Were you able to verify that a lot of these  
19 prescriptions are being prescribed after an office visit  
20 was conducted?

21 A. Yes.

22 Q. Okay. And I can go through and show the instances  
23 of each time where the PMP wasn't completely shown here,  
24 but just last one: Mr. Jay Green. I believe he was  
25 previously marked Exhibit 84.

1           Is -- did you include, in Mr. Jay Green's summary  
2     regarding his PMP, when he was receiving prescriptions  
3     for opioids at the same time from other prescribers when  
4     he didn't see Mr. Young?

5     A.     Are you saying in the --

6     Q.     In the time -- in the relevant time frame of this  
7     summary?

8     A.     If it didn't have anything to do with Jeff Young,  
9     it was not put into --

10    Q.     So it wasn't -- it wasn't included.

11           Okay. I seem to recall -- it might have been  
12    yesterday -- testimony over Ms. Daphne Montoya. It might  
13    have been this morning, honestly. It's just been two  
14    very long days.

15           You testified to the fact that Ms. Montoya was  
16    using an alias. Daphne Joyner versus Daphne Montoya?

17    A.     Correct.

18    Q.     Do you have any information as to whether or not  
19    that's really just the difference between somebody's  
20    maiden name and somebody's married name?

21    A.     Yeah, it'd still be an alias.

22    Q.     Okay. And you don't know -- did you get any  
23    information that during that relevant time period where  
24    both names were being used of whether or not she was  
25    going through a divorce?

1 A. I'm not sure.

2 Q. Would that explain why the two different names?

3 A. Say that -- can you repeat that question?

4 Q. With her -- with her going through a divorce during  
5 that time period, would that explain?

6 A. It's possible.

7 Q. Okay.

8 **MR. DAMAS:** No further questions, Your Honor.

9 **THE COURT:** All right. Thank you.

10 Any redirect?

11 **MR. PENNEBAKER:** Just one question or two, Your  
12 Honor.

13 **REDIRECT EXAMINATION**

14 **BY MR. PENNEBAKER:**

15 Q. Special Agent Scales, are we looking at  
16 Exhibit Number 95 again?

17 A. Yes.

18 Q. Mr. Elston's CSMD data?

19 A. Yes, sir.

20 Q. And it looks like the first prescription from the  
21 defendant is the oxycodone, 325, 7.5 on 9/25 of 2014?

22 A. Yes.

23 Q. And, indeed, you see that he is not the first  
24 person to prescribe controlled drugs to Mr. Elston, is  
25 he?



1 A. No.

2 Q. It looks like there are a few other providers, even  
3 just during this short time frame, about a month.

4 Between August 12th and September 12th of 2014?

5 A. Correct.

6 Q. Buprenorphine is used to treat heroin and methadone  
7 addiction, isn't it?

8 A. Yes.

9 **MR. PENNEBAKER:** No further questions, Judge.

10 **THE COURT:** Recross based on that, Mr. Damas?

11 **MR. DAMAS:** No, Your Honor.

12 **THE COURT:** All right. Thank you.

13 Special Agent Scales, thank you very much. You  
14 can step down.

15 (The witness complies with the request.)

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1           **THE COURT:** Before we take the next witness,  
2 ladies and gentlemen, there's a small matter that we need  
3 to take up.

4           Yesterday, I think there was some confusion  
5 about one of the video recordings purportedly of the  
6 defendant in this case, confusion about whether we had  
7 the right one with regard to the government. Well, they  
8 did a search last night, and I think an error was made.  
9 Going to let the government explain, in more detail, the  
10 error that was located. And then what we're going to do  
11 is proceed by way of a stipulation. A stipulation is an  
12 agreement between the parties. When an issue comes up  
13 that everyone agrees to, there's no controversy about it,  
14 then a piece of evidence can be admitted by way of  
15 agreement or stipulation. But I'm going to turn it over  
16 to the government.

17           Explain the error that was found and how you  
18 propose to deal with it.

19           **MS. PAYERLE:** Thank you, Your Honor.

20           As you might have seen yesterday in court, we  
21 had some confusion about the undercover video that was  
22 played for the witness. And with the little nagging  
23 doubts in our minds, we went back and looked. And it  
24 turned out that the witness had testified that the video  
25 was from November of 2016, when, in reality, the video

1 was from just one month later, in December. It was still  
2 the witness; it was still the defendant. It was just one  
3 month later. So there is a video from November of 2016,  
4 which the defense and the Court have agreed to allow us  
5 to receive it into evidence and to deal with the matter  
6 by stipulation, which I can read at this time, Your  
7 Honor.

8 **THE COURT:** Go ahead.

9 **MS. PAYERLE:** Thank you.

10 The government and the defendant agree to the  
11 following: Yesterday in court there was some confusion  
12 as to an audio-visual recording that the government  
13 introduced as Exhibit 73. This stipulation is meant to  
14 address that confusion.

15 The witness, Kristina St. Laurent, had three  
16 office visits with the defendant Jeff Young. These took  
17 place on October 11, 2016, November 16, 2016, and  
18 December 14, 2016. The audio-visual recording admitted  
19 as Exhibit 33 was for October 11, 2016, but the  
20 audio-visual recording admitted as 73 took place on  
21 December 14, 2016, not November 2016, as the witness  
22 yesterday testified. The office visit from November 2016  
23 is depicted in an audio-visual recording that the  
24 Court -- I believe we will move to admit and the Court  
25 will accept as exhibit -- what is the next number?

1           **THE COURT:** The stipulation, we're going to  
2 introduce that. That will be Number 96.

3           **MS. PAYERLE:** Thank you.

4           (The above-mentioned item was marked as  
5 Exhibit No. 96.)

6           **THE COURT:** And the recording, the video will  
7 be 97.

8           **MS. PAYERLE:** Oh, 97 is the video. I  
9 understand.

10           (The above-mentioned item was marked as  
11 Exhibit No. 97.)

12           **MS. PAYERLE:** 97, which will now be shown to the  
13 jury.

14           The parties stipulate that yesterday's witness'  
15 testimony contrary to these facts was a result of a  
16 simple mistake by the government and was not purposeful  
17 in any respect. Upon discovery of the error regarding  
18 the date of the video, the government immediately came  
19 forward to correct it.

20           And Your Honor, I'll represent this stipulation  
21 is signed by all parties.

22           **THE COURT:** Okay. When you say all parties,  
23 just -- Mr. Ferguson, I believe you've read it, agree  
24 with it, and then signed it?

25           **MR. FERGUSON:** I've read, agreed, and signed it,

1 Your Honor.

2 **THE COURT:** Okay. And I think your client has  
3 also signed it?

4 **MR. FERGUSON:** He has, Your Honor.

5 **THE COURT:** All right. Okay. We'll go ahead  
6 and receive the stipulation into evidence. As I said,  
7 that will be Exhibit Number 96.

8 Again, ladies and gentlemen, it's an agreement  
9 between the parties, and that way, we avoid calling  
10 additional witnesses to come back in and kind of  
11 straighten it out. I'll have a more in-depth instruction  
12 on how to handle stipulations when I give the final  
13 instructions at the end. Okay?

14 **THE JURY:** (Nodding head up and down.)

15 **THE COURT:** All right. Let's go ahead and  
16 proceed with showing a video. I think it's for November,  
17 and that's Exhibit Number 97.

18 **MS. PAYERLE:** Thank you, Your Honor.

19 (An audio-video recording was played.)

20 **THE COURT:** Okay. Thank you.

21 Now, if you would, please call your next  
22 witness.

23 **MS. PAYERLE:** Thank you, Your Honor.

24 The government calls Dr. Tricia Aultman.

25 **THE COURT:** All right. Be right there. If you

1 would, please raise your right hand and receive the oath.

2 (The witness was duly sworn.)

3 **THE WITNESS:** I do.

4 **THE COURT:** Be seated here, please.

5 (The witness complies with the request.)

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1                                   **TRICIA AULTMAN, M.D.,**

2       having been first duly sworn, was examined and testified  
3       as follows:

4                                   **DIRECT EXAMINATION**

5       **BY MS. PAYERLE:**

6       Q.       Good morning, Dr. Aultman.

7       A.       Good morning.

8       Q.       Will you please introduce yourself to the jury,  
9       your name, your job.

10      A.       Okay. My name is Tricia Aultman. I'm an internal  
11      medicine doctor in Gulfport, Mississippi. I work  
12      currently as a hospitalist, so I see patients only in the  
13      hospital. I've previously had a clinic and done both as  
14      well.

15      Q.       How long have you been practicing medicine?

16      A.       I graduated from medical school in 1996, and I  
17      finished my training in 1999.

18      Q.       And do you -- could you describe for the jury your  
19      experience prescribing controlled substances?

20      A.       It's definitely something I do every day, rounding  
21      in the hospital. We have a really sick cancer ward, and  
22      when I'm on there, it's -- it's a daily thing.

23      Q.       And how about -- could you describe to the jury  
24      your experience running a clinic?

25      A.       I did for many years. Back before there were

1 hospitalists, you used to go to the hospital, and then  
2 you would go to the clinic, and then you'd go back to the  
3 hospital. I did it. I owned my own clinic for a while,  
4 and I was also employed by a hospital for a while.

5 Q. And you said you were in internal medicine; is that  
6 right?

7 A. Yes, ma'am.

8 Q. Can you describe for the jury what internal  
9 medicine is?

10 A. So internal medicine is a doctor for an adult. So  
11 a family practice, you see all ages, and internal  
12 medicine is usually over 15 or wherever you're kind of  
13 comfortable.

14 Q. But is it a -- is it a -- sort of, do you  
15 concentrate on a particular part of the body, or is it a  
16 general care kind of job?

17 A. No, it's a total care of an adult patient.

18 Q. And how about your experience working with nurse  
19 practitioners? Could you describe that to the jury?

20 A. We have nurse practitioners that we work with every  
21 day in our group.

22 Q. Have you ever testified for the government before  
23 in cases involving prescriptions for controlled  
24 substances?

25 A. Yes, ma'am.



1 Q. And in particular in cases involving prescriptions  
2 for controlled substances in a family practice setting?

3 A. Yes, ma'am.

4 MS. PAYERLE: At this time, Your Honor, the  
5 government moves to qualify Dr. Aultman in the field of  
6 internal medicine, including the professional practice  
7 and legitimate medical purpose of prescribing opioids,  
8 benzodiazepines, and other controlled substances.

9 THE COURT: That's a mouthful.

10 MS. PAYERLE: Yes, sir.

11 THE COURT: Mr. Ferguson, anything on that?

12 MR. FERGUSON: No. We've met before. She's  
13 been a witness previously, and we would also accept her  
14 as an expert.

15 THE COURT: All right. Thank you.

16 Ladies and gentlemen, we are going to receive  
17 Dr. Aultman as an opinion or expert witness in the field.  
18 Ladies and gentlemen, what this means is -- used to call  
19 them expert witnesses. Now they're called opinion  
20 witnesses. Because of training, experience, things like  
21 that, education, this allows this witness to be able to  
22 give opinions on the certain areas relative to the area  
23 that she's being held out as an opinion or expert  
24 witness. I have an instruction for you on how to handle  
25 opinion or expert testimony at the end of the case, but

1 this witness will be allowed to give opinions.

2 You may proceed.

3 **MS. PAYERLE:** Thank you, Your Honor.

4 **BY MS. PAYERLE:**

5 Q. Dr. Aultman, in preparing for your testimony today,  
6 did you review patient records that were collected from  
7 Mr. Young's clinic?

8 A. I did.

9 Q. And did you also review videos showing -- showing  
10 the defendant interacting with patients?

11 A. Yes, ma'am.

12 Q. And distributing controlled substance  
13 prescriptions?

14 A. Yes, ma'am.

15 Q. Focusing on opioid prescriptions, can you tell the  
16 jury your opinion about whether, in anything you  
17 reviewed, you saw Mr. Young distributing opioids in the  
18 ordinary course of professional practice for a legitimate  
19 medical purpose?

20 A. No, I did not. I feel like it was way outside what  
21 a legitimate medical visit would be.

22 Q. And we will talk more about sort of what that means  
23 in a moment. But how about some benzodiazepines like  
24 Xanax and Klonopin? Can you tell the jury your opinion,  
25 generally, about Mr. Young's distribution of those

1 substances based on what you reviewed?

2 A. I feel like they were used -- over used and used  
3 for indications that weren't necessary and used in  
4 combination with opioids, which is dangerous because when  
5 you take those medicines together, it can actually cause  
6 increased sleepiness. And there's actually a "black box"  
7 warning on those now, which means you shouldn't prescribe  
8 them together.

9 Q. And so in those cases, which, again, we'll describe  
10 in more detail later, was Mr. Young distributing  
11 benzodiazepines in the ordinary course of professional  
12 practice for a legitimate medical purpose?

13 A. No, ma'am.

14 Q. And then did you also see him prescribing other  
15 controlled substances like Adderall or muscle relaxants?

16 A. Yes, ma'am.

17 Q. And could you describe your opinions about his  
18 prescriptions of Adderall and muscle relaxants?

19 A. In regards to Adderall, there was never a history  
20 taken for attention deficit disorder. There was, you  
21 know, no questioning of the person, like, when were you  
22 diagnosed as a child? How long have you taken this  
23 medication? It was basically just, you know, said that  
24 they have ADD, and the medicine was given. It was also  
25 sometimes given to patients that had high blood pressure

1 or heart problems, which can be dangerous. And the  
2 muscle relaxants, again, in combination with opioids or  
3 benzodiazepines, can cause excessive sedation.

4 Q. Now, I want to dive into the basis of those  
5 opinions, but first address his records generally.

6 If you had to sort of grade the quality of  
7 Mr. Young's professional practice in terms of his medical  
8 record-keeping skills, A to F, how would you grade him?

9 A. I would say F.

10 Q. Okay. And now -- but if he had -- if those records  
11 had been pristine and organized but contained the same  
12 information, would that change your opinion?

13 A. No.

14 Q. Even if they had been sort of more fully papered,  
15 would that have changed your opinion?

16 A. It would not change my opinion about the  
17 prescriptions being written inappropriately.

18 Q. All right. So let's set a baseline for your  
19 opinion about -- I'm going to take that long phrase, the  
20 legitimate medical purpose of opioids in the course of  
21 professional practice. It's just a long phrase, so I  
22 want to break it in two.

23 A. Yes, ma'am.

24 Q. Let's start with the legitimate medical purpose of  
25 opioids.

1 Do opioids, benzodiazepines, and Adderall and other  
2 controlled substances have legitimate medical purposes?

3 A. Yes. Absolutely.

4 Q. All right. Let's start with opioids. Can you give  
5 the jury some examples of, first of all, some of the  
6 opioid drugs that Mr. Young was prescribing?

7 A. So he was prescribing hydrocodone and hydrocodone  
8 with Tylenol, which is commonly known as Lortab or Norco,  
9 some older Vicodin. He was prescribing oxycodone  
10 which -- alone and with Tylenol, which is commonly known  
11 as Percocet. He was also prescribing fentanyl patches.

12 Q. Okay. And how about hydromorphone. Was he  
13 prescribing the --

14 A. Yes, there was some hydromorphone as well.

15 Q. All right. And is there -- in terms of the  
16 strength of these drugs, the jury's heard some testimony  
17 about --

18 **THE COURT REPORTER:** Excuse me. Slow down,  
19 please.

20 **MS. PAYERLE:** Oh, I'm so sorry. Thank you.

21 **BY MS. PAYERLE:**

22 Q. The jury has heard some testimony about what --  
23 what some of these drugs are stronger than others. Can  
24 you explain how the strength of an opioid is measured  
25 against each other?

1 A. So there is a -- a grading scale called a morphine  
2 milligram equivalent, and what that means is that they  
3 compare everything to one milligram of morphine. So  
4 hydrocodone is the same, so it's a one for one. So  
5 5 milligrams of hydrogone (phonetic) is 5 milligrams of  
6 morphine. Oxycodone is one and a half times, so 10  
7 milligrams of oxycodone is 15 milligrams of morphine. A  
8 fentanyl patch is strong. A 25-microgram patch is the  
9 same as 60 milligrams of morphine. And they're measured  
10 in milligrams of morphine per day.

11 It's hard sometimes to calculate it all, but  
12 there's -- you know, calculators online now makes it  
13 really easy. You just plug in the drugs that they're  
14 taking, and you can calculate out how much it equates to  
15 in morphine.

16 Q. And can you give us kind of a sense of how many  
17 MMEs or milligram -- sorry -- morphine milligram  
18 equivalents -- can you give you sense of, like, the --  
19 put some numbers on that, you know, where it's normal,  
20 what a new patient gets, what a tolerant patient gets,  
21 things like that?

22 A. Right. So a new patient, probably 10 to 15 is  
23 plenty. People, over time, develop tolerance, and  
24 sometimes you do you have to go up on that. Definitely  
25 over 90 starts to increase the risk of overdose and

1    oversedation, hospitalizations related to that. So 90 is  
2    sort of a general cutoff for when things start to get a  
3    lot more dangerous.

4    Q.     And you're talking about 90 --

5    A.     Morphine milligram equivalents per day, yes, ma'am.

6    Q.     So let's talk about the purpose of opioids. What  
7    is the legitimate medical purpose of these opioid drugs  
8    that you're describing?

9    A.     So they're used for pain relief.

10   Q.     Any kind of pain relief?

11   A.     They're used -- useful for acute pain. So when you  
12   have, like, an injury right away, opioids are good for  
13   that, short-term, you know, three to five days a week or  
14   less. They're good for post-surgical pain. Obviously  
15   gets something cut on, you're going to need pain relief,  
16   either IV or by mouth, for a while.

17           Opioids actually, for chronic pain, have been  
18   studied a lot, and they really don't help. They really  
19   cause more problems than benefits.

20   Q.     When you say "chronic pain" and -- could you  
21   compare that to what you mean by acute pain? Just  
22   familiarize the jury.

23   A.     Right. So acute pain is like probably maybe less  
24   than, depending on the definition you look at, 30 days,  
25   and chronic pain is six weeks to three months, and you're

1 still having pain or longer than what you would expect  
2 for something to get healed.

3 Q. And you said that there's been studies done showing  
4 opioids aren't really appropriate or helpful for chronic  
5 pain. Can you kind of tell the jury when, in time -- you  
6 know, what year or so those studies became pretty widely  
7 understood and accepted in the medical community?

8 A. I think it was the -- it was definitely, I would  
9 say, around 2010 probably. There was enough evidence to  
10 prove that by then.

11 Q. And when you say that opioids make chronic pain  
12 worse, that's kind of counterintuitive. Can you explain  
13 how opioids make chronic pain worse?

14 A. So sometimes what happens when you take opioids for  
15 a long time is you become overly sensitive, so any  
16 normal, maybe, brush or, you know, hit your hand on a  
17 table becomes extraordinary painful. And so instead of  
18 actually get pain relief, you actually become  
19 oversensitive to pain. And the side effects of opioids  
20 are, you know, significant. They cause oversedation;  
21 they're habit forming; they cause terrible constipation;  
22 they cause nausea, vomiting.

23 Q. What do you mean by "habit forming"?

24 A. So even if you don't want to become addicted to an  
25 opioid, if you take it long enough, eventually it won't



1 work at the same dose. You'll need an increase dose. We  
2 see this in cancer patients who have chronic, severe pain  
3 for a very long time, that eventually you have to  
4 increase the dose to get pain relief.

5 Q. And does -- is -- are there any consequences of  
6 becoming dependent on opioids? What -- what are the  
7 risks of that?

8 A. So if you take opioids every day, eventually if you  
9 don't take them, you won't feel normal. You'll have  
10 withdrawal, which can be shaking; it can be chills; it  
11 can be, like, goose flesh or goose bumps, nausea,  
12 vomiting, diarrhea, and basically like an all-over pain.  
13 So eventually you're taking it just to avoid having a  
14 withdrawal.

15 Q. And does that happen with everybody who takes  
16 opioids for a certain amount of time?

17 A. I mean -- so everybody will develop a tolerance.  
18 So tolerance is something that happens in everybody,  
19 whether you want it or not, when it just means that you  
20 may need more medicine to get the same relief.

21 Dependence and misuse is different. That means you  
22 start to do things that are inappropriate in order to  
23 continue to get the medication that you need. That may  
24 be, you know, crimes; it may be ignoring your family,  
25 quitting your job, stealing from people, whatever it is,

1 and that's when it becomes a bad use of the medication.

2 Q. And do we call that -- I mean, is that what  
3 addiction is?

4 A. Yes, ma'am.

5 Q. Okay. Aside from addiction and dependence, those  
6 are two different things, right?

7 Physical dependence, and then addiction is the  
8 acting out?

9 A. Right.

10 Q. Okay. Aside from addiction and dependence, what  
11 other risks are there of prescribing opioids?

12 A. To the patient or the -- to the --

13 Q. To the patient.

14 A. Yeah. So the risk of addiction, dependence, if,  
15 for example, someone who takes a lot of opioids gets  
16 hospitalized for another reason, it's really, really  
17 difficult to control their pain. That's probably the  
18 biggest thing that I see, that people that take a lot of  
19 medicine and then they have surgery and, you know, you  
20 get the call and they're just horrifically in pain  
21 because they haven't had their normal daily medicine, and  
22 we're giving them a usual dose, which is not helping at  
23 all.

24 Q. And what about risks of overdose or respiratory  
25 issues, things like that?

1 A. So definitely risk of overdose, especially when you  
2 get over 90 morphine milligram equivalents or MME,  
3 especially when given with benzodiazepines, particularly  
4 in someone who's overweight and may have sleep apnea or  
5 may have some other medical issue, whether it be lungs  
6 or heart, that would contribute to that.

7 Q. And why -- why does the risk of overdose increase  
8 if you combine the opioids with the benzodiazepines, as  
9 you just said?

10 A. It just causes excessive sedation, more than what  
11 you would get if you took either one alone. When you put  
12 them together, it's kind of -- it's kind multiplicative  
13 or adds on.

14 Q. Does it also -- when you add them together, does it  
15 also increase the high of both of them if that -- if  
16 you're a person in whom it causes a high?

17 A. It does. And it's known to be abused, the opioids  
18 in combination with benzodiazepines and sometimes in  
19 combination with one of the muscle relaxers as well.

20 Q. Okay. Let's talk for a minute about fentanyl.  
21 Could you describe for the jury -- give them a sense of  
22 the strength of fentanyl as compared to the other opioids  
23 we've been talking about.

24 A. So fentanyl, like we talked about earlier, when  
25 used in a patch is indicated for use in people that have

1    been on opioids at 16 -- I'm sorry; 6-0 -- 60 morphine  
2    milligram equivalents of some opioid a day for at least a  
3    week. In other words, it's not for someone who's never  
4    taken opioids before, and it's not for someone who's on a  
5    small dose of opioids. It's indicated for people who  
6    have taken at least 60 MME for a week.

7           Probably the biggest use in the hospitals -- two  
8    things: One is in cancer pain. It provides a continuous  
9    release of pain for people that have things like invasion  
10   of organs or bones or something that's extraordinarily  
11   painful.

12           It's also used sometimes with our cardiothoracic or  
13   our heart surgeons. They put it on in the operating room  
14   at a low dose. And then the person's going to be in the  
15   ICU for several days. They can be easily monitored. So  
16   although those people are naived opioids, they're going  
17   to be monitored in a ICU setting.

18   Q.     Even though it's a patch -- you don't swallow a  
19   pill -- is it still as dangerous as any other opioid?

20   A.     It's actually -- it perhaps is more dangerous  
21   because it has a slow onset. So you could put the patch  
22   on, and then by the time you go to sleep, its effects are  
23   getting into your bloodstream. And so it's a heightened  
24   effect by then, and it's significantly stronger than  
25   other opioids that are commonly taken. Like a

1 25-microgram patch is equal to 60 morphine milligram  
2 equivalents. A 50-microgram patch is equal to 120  
3 morphine milligram equivalents.

4 Q. Okay. Now, is it a legitimate medical purpose of  
5 opioids to feed or create an addiction to them in your  
6 patient?

7 A. No. It's actually harmful.

8 Q. Is it a legitimate medical purpose of opioids to  
9 get somebody through kind of get somebody through  
10 withdrawals or detox indefinitely?

11 A. No. They're -- there's definitely ways to do that,  
12 and, you know, continuing to prescribe different doses of  
13 opioids is not the way.

14 Q. And did you see Mr. Young doing that in this case?

15 A. He did.

16 Q. Okay. Is it -- and these may be just completely  
17 obvious, but is it a legitimate medical purpose of  
18 opioids to induce someone to have sex with the person  
19 prescribing the drugs?

20 A. No, ma'am.

21 Q. Or to create a reputation for being unconventional?

22 A. No, ma'am.

23 Q. Or to pay somebody back for being a friend or for  
24 their loyalty?

25 A. No, ma'am.

1 Q. What about to get in good with a famous member of a  
2 band?

3 A. No, ma'am.

4 Q. No. Okay.

5 Let's talk about benzodiazepines next. Can you  
6 give an example of some benzodiazepines?

7 A. So common names for benzodiazepines are Valium,  
8 Ativan, Xanax, and Klonopin.

9 Q. And those are brand names?

10 A. Yes, ma'am.

11 Q. And what are the -- sort of the drug names for  
12 those the brands?

13 A. So diazepam, lorazepam, oxazepam, alprazolam. I  
14 think we got them all. And --

15 (Indiscernible cross-talk was had.)

16 **THE COURT REPORTER:** One second.

17 **THE COURT:** Y'all were talking over each other.

18 **MS. PAYERLE:** I know. I'm sorry.

19 **THE COURT:** She can't get it down.

20 A. Clonazepam. And yes, most of the benzodiazepines  
21 have a "pam" at the end.

22 **BY MS. PAYERLE:**

23 Q. Okay. You -- you testified you've prescribed these  
24 drugs in the context of a family practice. How often?

25 A. That's difficult to answer. I think you definitely

1 have to have an indication for it. Probably the most  
2 common way I would prescribe them is in an older person  
3 that has restless legs. If you use a really low dose of  
4 Klonopin, that usually works.

5 Benzodiazepines don't work for anxiety disorder.  
6 They're just not indicated. It doesn't help. There's  
7 other drugs that are better for that. You can use them  
8 for panic attacks. Like a good example, I had a patient  
9 who couldn't drive over the bridge to get to her  
10 grandkids in New Orleans. But if she took a teeny-tiny  
11 dose, she was able to drive through. So I maybe  
12 prescribed her five a year.

13 Same with airplane flights. That was another,  
14 probably, indication I would use it in my private  
15 practice.

16 Q. And you said you'd give them a teeny-tiny dose.  
17 Let's talk for a minute about dosing.

18 For benzodiazepines, what is the kind of  
19 introductory, if a doctor decides that a benzodiazepine  
20 is appropriate?

21 A. So probably for a Xanax, it would be .25. For  
22 Ativan, .5. For Valium, probably 2 milligrams.

23 Q. Okay. So Xanax -- just to do some math, a Xanax  
24 1-milligram pill is like four times the introductory  
25 dose --

1 A. Yes, ma'am.

2 Q. -- of Xanax?

3 Okay. And do you know what the highest dose pill  
4 of Xanax available is?

5 A. I think they make 2-milligram pills. I'm not sure  
6 if they make anything higher.

7 Q. All right. And then what about with OxyContin?  
8 What are the kind of dose levels for -- or oxycodone;  
9 sorry. What are the kind of dose levels for oxycodone?

10 A. So oxycodone, like an introductory dose of Percocet  
11 for acute pain, would be 5 milligrams. You can do 2.5 as  
12 well, if it's small person with, like, no tolerance and a  
13 mild pain.

14 Q. And so what -- what dosages do oxycodone pills go  
15 up to? Do you know?

16 A. Oxycodone itself, I think, probably goes at least  
17 to 20. OxyContin, the longer acting, goes up much  
18 higher.

19 Q. Okay. And if you were -- if you saw somebody was  
20 prescribed an oxycodone or oxy 30 milligram -- well,  
21 maybe we'll just look at it later. We'll take a look --

22 A. Yes.

23 Q. -- when you have an example.

24 A. I think they go up higher.

25 Q. Okay.



1 A. It's just not used very frequently because if you  
2 get to a higher dose of oxycodone, the use, you should be  
3 using the long-acting formulation instead.

4 Q. I see. The long-acting formulation.

5 A. Yes, ma'am.

6 Q. Explain the difference there between the longer  
7 acting and short acting.

8 A. So the idea behind the long acting is that you  
9 don't have breakthrough pain, that you can take it every  
10 12 hours. It's sort of easier for someone's lifestyle if  
11 you're working or certainly easier on the nursing staff  
12 to dose something twice a day than every four or six  
13 hours.

14 Q. And does it just sort of slowly absorb? How does  
15 it work?

16 A. Right. So I don't know the biochemistry of it, but  
17 I know that they're meant to be long acting. And part of  
18 the long-acting thing is also an abuse deterrent, that  
19 they're more difficult to abuse. Of course there's  
20 always a way around that, I think, but . . .

21 Q. And you said you've been in charge of a clinic?

22 A. Yes, ma'am.

23 Q. To how many of your employees, when you were in  
24 charge of a clinic, did you prescribe monthly doses of  
25 Xanax?

1 A. None.

2 Q. And how about Adderall?

3 A. No, ma'am.

4 Q. All right. Speaking of Adderall -- and actually,  
5 can you give the jury your opinion about whether it would  
6 be appropriate to do so?

7 A. To prescribe to your employees?

8 Q. Yes, to prescribe to most or all out of your  
9 employees.

10 A. No, I think it's very difficult to maintain  
11 professional relationship if you're seeing somebody for a  
12 substance that could be a -- potentially abused. I think  
13 it'd be really hard to be unbiased and fair as an  
14 employer and the doctor.

15 Q. And can you explain to the jury why it's so  
16 important, with controlled substances specifically, to  
17 have that distance or that professional relationship with  
18 the people to whom you're prescribing?

19 A. I think you have to be very careful when you're  
20 prescribing a controlled substance, that you're doing it  
21 honestly and that you're not doing it because you feel  
22 bad for somebody or you don't want them to be angry with  
23 you or you don't want them to be disappointed in any way.  
24 You have to be doing it for a legitimate medical reason.

25 Q. Is it harder to do that if you have personal

1 involvement with the person?

2 A. Yes, it'd definitely be harder to distance  
3 yourself.

4 Q. All right. Let's talk about Adderall quickly.  
5 What is the legitimate medical purpose of Adderall?

6 A. It's used for attention deficit hyperactivity  
7 disorder. Sometimes it's used in people that have  
8 chronic sleep apnea and sleep disorders to take in the  
9 morning.

10 Q. And how do you determine whether somebody has --  
11 let's take attention deficit disorder?

12 A. So attention deficit disorder (as heard), the  
13 definition at least back in the 2014-'16-'18 time era,  
14 you had to have a pretty specific set of symptoms that  
15 the psychiatry board lays out, and you have to have those  
16 symptoms -- like five out of six or five out of ten  
17 symptoms present every day for six months.

18 So when you diagnose, you have to be very careful  
19 to take a history. And there are definitely check-off  
20 sheets you could get off the internet and check off. You  
21 know, they have six out of ten or whatnot. Also, just  
22 ask them, you know, did you have ADD as a kid, and how  
23 was it treated, and how long did you take medicine, and  
24 what did it do for you?

25 Q. And if -- is this form you're talking about, it's a

1 test that's just a form?

2 A. You can do that. You can also send someone for  
3 psychologic testing, which is pretty involved. I think  
4 it's a lot more common to do that in kids.

5 Q. And does Adderall have risks associated with it?

6 A. It does. So it can cause elevated blood pressure;  
7 it can cause a rapid heartbeat or tachycardia; it can  
8 cause weight loss, shakiness, jitteriness, weight loss.

9 Q. And is, in fact, it's sometimes prescribed for  
10 purposes of weight loss or abused for that purpose?

11 A. It's abused for that purpose. It's not a  
12 legitimate medical indication to use it.

13 Q. All right. Let's talk about the professional  
14 practice. So we talked about legitimate medical  
15 purposes. Now we're getting into the professional  
16 practice or the ordinary course of professional practice  
17 of prescribing these drugs.

18 When you talk about sort of the practice of  
19 medicine generally, what -- what does that discipline  
20 refer to? What set of steps and sciences does that  
21 discipline refer to?

22 A. So the practice of medicine is using your skills  
23 and a history taking and examination and ordering things  
24 together to come to a diagnosis to treat the patient and  
25 most importantly to do so without causing any harm.

1 Q. What does it mean to diagnose a patient?

2 A. So "diagnose" means to find the cause of the  
3 illness. What's the underlying disorder?

4 Q. And it sounds silly, but why do you need to do  
5 that?

6 A. You need to find a diagnosis for two reasons,  
7 really: One is so you know what you're treating. You  
8 have to know what you're treating to know how to treat  
9 it, right? So back pain can be kidney stones, ovarian  
10 cysts, uterine fibroids, pregnancy. It can be a lot  
11 things, so you have to know what you're treating.

12 And the second reason that you need a diagnosis is  
13 so you don't miss something. You don't ever want to miss  
14 something horrible that someone has because you weren't  
15 thorough when you worked it up.

16 Q. And can you give an example of that kind of a  
17 scenario?

18 A. Yeah. Actually, I was a third-year resident, and  
19 it sticks with me well because I was young and  
20 impressionable. But I was called to the ER to admit a  
21 patient, and I was on the cancer service. And the story  
22 was that this guy had come to the ER every Friday after  
23 work. He was a construction worker. Every Friday, he  
24 complained of back pain, and someone in the ER would say,  
25 you know, just give him some Lortab and just he'll go

1 away. And then somebody finally said, you know what?  
2 Let's scan this guy and see what's wrong with him, and we  
3 can tell him, you know, there's nothing wrong with you.  
4 You have a pill problem.

5 And so lo and behold, they scan this guy. He had  
6 an enormous lymphoma, which is a tumor that was pressing  
7 on all kinds of things. And I had to admit him for sort  
8 of urgent chemotherapy. So that's why it's important to  
9 go do an investigation so you don't miss something.

10 Q. And through that diagnosis, were you able to treat  
11 the cancer rather than give him pills?

12 A. Yes, ma'am.

13 Q. What does the process of finding a diagnosis look  
14 like?

15 A. So in the clinic or --

16 Q. Uh-huh, in a clinic.

17 A. Right. So it's -- it compose of, first you got to  
18 talk to the patient, right? Sometimes it's -- so surveys  
19 you have to fill out with a lot of questions. Those have  
20 become really popular. But ultimately, the physician and  
21 the provider has to take a history. So you ask what  
22 symptoms do you have; how long have they been there? Is  
23 there anything make them better, make them worse? And  
24 then you go through their past medical history. So what  
25 other problems you have? Hypertension, diabetes,

1 coronary disease.

2           Then you go through their social history: Do you  
3 smoke? Do you drink? Do you have any history of drug  
4 abuse? Is there abuse in your family? Have you ever  
5 been sexually abused? And then a family history is, you  
6 know, basically your parents, brothers, sisters. Then  
7 you do a physical examination. You may actually, you  
8 know, also order tests or labs or review older labs or  
9 tests. And then finally you kind of pull everything  
10 together in an assessment and plan. An assessment is  
11 basically your diagnosis and then the plan to treat it.

12 Q. I'm going to ask you about something called  
13 continuity of care. Is it within the scope of  
14 professional to just prescribe whatever the last doctor  
15 prescribed and call it a day?

16 A. No. You're actually under no obligation to  
17 continue the therapy that somebody else was giving. you  
18 have to make your own independent evaluation.

19 Q. So what does the phrase "continuity of care"  
20 actually refer to?

21 A. Continuity of care refers to a patient that comes  
22 to me, and they may have hypertension, and I need to  
23 continue that medication in a way of good treatment, if  
24 it's the best thing for them. Let's intervene if I feel  
25 like something else needs to be added.

1 Q. So if it turned out that patient did not, in fact,  
2 have hypertension in your opinion, would it be right to  
3 continue the care?

4 A. No, ma'am.

5 Q. Have you ever heard of doctor shopping in a  
6 controlled substance context?

7 A. Yes, ma'am.

8 Q. What is doctor shopping?

9 A. So doctor shopping is when a patient goes from  
10 various ERs or urgent cares or primary care practices to  
11 try to obtain opioids or benzodiazepines or other desired  
12 drugs.

13 Q. So with controlled substances, is it more important  
14 or less important than in the case of high blood pressure  
15 to make an independent evaluation of whether the patient  
16 in front of you needs opioids from you, the doctor?

17 A. It's way more important.

18 Q. Describe why for some --

19 A. It's a controlled substance. It's dangerous.  
20 There's laws regarding its use.

21 Q. Okay.

22 **MS. PAYERLE:** I may have just a moment.

23 Okay. At this time, Your Honor, I'd like to  
24 show the witness Exhibit 21, which is already in  
25 evidence.



1                   **THE COURT:** This may be -- excuse me. This may  
2 be a good time to go ahead and break for lunch.

3                   **MS. PAYERLE:** Absolutely. It's perfect timing.  
4 Thank you.

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1           **THE COURT:** Ladies and gentlemen, we're going to  
2 go ahead and break for lunch at this time. It's about  
3 12:15, so we'll pick this up at 1:30. Your lunch is  
4 already in there waiting for you. Please enjoy it. It's  
5 a long break. And as I said, we'll pick it up at 1:30.  
6 Leave your notebooks, don't discuss, and I'll see you  
7 after lunch.

8           (Jury out at 12:14 p.m.)

9           **THE COURT:** Dr. Aultman, don't discuss your  
10 testimony with anyone over the break.

11          **THE WITNESS:** Yes, sir.

12          **THE COURT:** You can step down.

13          **THE WITNESS:** Okay.

14          (The witness complies with the request.)

15          **THE COURT:** Okay. I'll see everyone at 1:30,  
16 maybe a few minutes before, because I need to hear  
17 further, if you have an update for me about defense  
18 proof.

19          **MR. FERGUSON:** I'll check on that right now.

20          **THE COURT:** Appreciate it. Thank you.

21          **MR. FERGUSON:** Yes, sir.

22

23          (The morning session concluded at 12:15 p.m.)

24

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**C E R T I F I C A T E**

I, LASHAWN MARSHALL, RPR, LCR, do hereby  
certify that the foregoing 122 pages are, to the best of  
my knowledge, skill, and abilities, a true and accurate  
transcript from my stenotype notes of the Jury Trial  
proceedings on the 30th day of March, 2023, in the matter  
of:

United States of America

vs.

Jeffrey W. Young, Jr.

Dated this 30th day of March, 2023

S/ Lashawn Marshall  
Lashawn Marshall, RPR, LCR  
Official Court Reporter  
United States District Court  
Western District of Tennessee